STRENGTHEN THE COMMITMENT

An External Review of the Child Welfare System

Co-Chairs:

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Irene Hamilton, Manitoba Ombudsman

September 29, 2006

EXECUTIVE SUMMARY

STRENGTHEN THE COMMITMENT

Introduction

This review was called on March 20, 2006 by the Minister of Family Services and Housing to examine and provide recommendations for improvements in standards, processes and protocols surrounding the opening, transfer and closing of cases in child and family services, as well as the caseloads managed by front line workers. We were also to raise other concerns identified by us. Numerous other concerns were identified during the review, and are addressed in the report.

In the course of the review we consulted with people in government, the authorities, and agencies in 32 communities across the province. Over 700 people who work within or are affected by the system provided input to the review. We heard from children and youth in the system whose perspectives were critical in order to understand how child welfare has affected them. We also heard from care providers, service providers and collateral service providers. These are people with a genuine commitment to the work that they do and a desire to achieve the best for the children and families with whom they work. The views of the people interviewed throughout the review are reflected in this report.

This review was conducted at a point nearing the end of a process known as the AJI-CWI. It was a significant restructuring, designed to transfer responsibility for Aboriginal child welfare to Aboriginal authorities. Early in the review it became apparent that numerous concerns in the child welfare system predated this transfer. While the transfer was not the source of these concerns the review concluded that it does represent a unique opportunity to address some of them.

Government, the authorities and the agencies need to strengthen and build on their commitment to the relationships, partnerships and collaboration started in the AJI-CWI process. Government must demonstrate its commitment to the child welfare system in Manitoba by providing the new resources and making the necessary structural changes to build on the existing framework of the AJI-CWI initiative.

Critical Findings

We found that the authority structure, which created four individual entities with responsibilities only for those children and families within the scope of their authority, needs to be enhanced in order to achieve the goals of the AJI-CWI. There must be an appropriately resourced mechanism to develop and implement the goals of the AJI-CWI. The structure must be designed to meet the needs of the authorities and the branch both individually and collectively. A structure is required that allows for diversity within a consensus model.

We found that additional funding is required to provide Manitoba families with prevention and support services consistent with the principles set out in legislation, and that the child welfare system is currently based on child protection being its first and often only response.

We found that there are legitimate concerns with the Child and Family Services Information System (CFSIS), a province wide electronic tracking system, that weaken its effectiveness. Many

agencies are not using the system either because their community does not have the technological capacity to allow its use, the agency does not have the necessary equipment to run the system or the agency has developed its own system. Regardless of the reason, CFSIS is lacking significant amounts of information. Similar problems exist with a new intake program, the Intake Module.

We found that the current intake structure, in which a "designated intake agency" provides intake services for all agencies in the same geographic area and serves as the public's front door to the system, requires further fine tuning to ensure that transfers from intake to service delivery agencies are timely and appropriate.

We found that the designated intake agency serving all sixteen agencies operating in the City of Winnipeg is not currently ready to become a separate agency, as is planned for November of this year.

We believe that, if implemented, the recommendations in this report will allow Manitoba to move forward and position itself as a leader in child welfare. We have made over one hundred recommendations. With their implementation, the government and authorities will strengthen their commitment to improve the lives of children and families.

We have recommended the use of new methods of service delivery that will not only protect children but also build on the strengths of families and communities and promote the use of best practices in the delivery of child welfare services in Manitoba.

We have recommended that significant resources be allocated to the child welfare system to allow for preventative and supportive services to families, to provide additional time for social workers to work with them and to create better and consistent places for children to live if action is required for their protection.

We have recommended a structure that will promote province-wide seamless service delivery so that children and families can expect to receive the support that they need regardless of where they live. This structure includes a Child Welfare Secretariat designed to provide operational capacity to the people responsible for the governance of child welfare – the Director of the Child Protection Branch, and the four Chief Executive Officers of the Child and Family Services Authorities. We believe that its creation will be a focal point for standardizing provincial child welfare services where necessary.

We would like to sincerely thank the members of the review team who spent countless hours gathering and analyzing the information necessary to allow this report to be completed. As well, we would like to thank our colleagues in the office of the Ombudsman for the assistance and support that they provided during the review period. Finally, and most importantly, we thank all those who participated and provided us with their views, concerns and suggestions for improvements to the child welfare system.

Michael Hardy
Billie Schibler
Irene Hamilton
September 29, 2006

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I INTRODUCTION

At the time of writing this report there were over 6800 children in care in Manitoba and over 5800 families receiving services from the child and family services agencies that comprise the child welfare system. The primary objectives of the system, the protection of children and preservation of families, reflect our core values and beliefs as a society. The level of public knowledge and support for the child and family services system does not reflect its value and importance to our society.

The public does not often hear about the good work done by the system or about the dedicated professionals who work tirelessly to provide the services required to promote the safety and well being of the children and families of Manitoba. Unfortunately, the child welfare system usually only comes to public attention when a tragedy occurs, particularly when that tragedy involves the death of a child. This review is one of several prompted by such a tragedy.

II EXTERNAL REVIEW PROCESS

Press Release from the Minister of Family Services and Housing

On March 20, 2006 after a week of questions in the Manitoba Legislature related to the death of a child who had been involved with the child welfare system, the Minister of Family Services and Housing announced that there would be a review. A press release concerning the review quoted the Minister as follows:

> "It is important to review concerns raised over recent developments and to work together to make the necessary changes we believe will improve services for children in care and supports for social workers who are doing their best on the front lines of our child welfare system."

The release advised that the review would examine the following areas and provide recommendations for improvements in:

- Standards, processes and protocols surrounding the opening and closing of the cases of children in the care of child and family services;
- Standards, processes and protocols governing the transfer of cases between child and family service Authorities;
- Caseloads managed by front-line social workers in the child and family service system;
- Other concerns which may arise as identified by the co-chairs.

Co-Chairs and Contacts

Three co-chairs were appointed to conduct the review:

- Michael Hardy, Executive Director, Tikinagan Child and Family Services, Sioux Lookout, Ontario,
- Billie Schibler, Children's Advocate
- Irene Hamilton, Ombudsman.

The release also advised that the review would be carried out with the Chief Executive Officers (CEOs) of the four Child and Family Services Authorities and the Director of the Child Protection Branch (the Branch), who would provide support for the review and its involvement with child welfare staff and management.

This arrangement worked well and facilitated direct access to the decision makers in the child welfare system who could provide the information needed to inform the review, and to those providing direct services.

The press release advised that a final report would be provided to the Minister of Family Services and Housing in September.

Internal Reviews Called

On April 4, 2006 the Chief Executive Officers of the four Authorities announced three internal reviews of child welfare files, as follows:

- "The four CEOs of the Child and Family Services Authorities are announcing quality assurance measures as part of the AJI-CWI transfer process.....Immediately, Child and Family Service Agencies will review every case currently open in the system. As part of this process agencies will ensure that every child receiving service is seen by his or her social worker within 30 days of the review period."
- The second review would be conducted by the General Authority of "file closures prior to the transfer of cases to Aboriginal Authorities."
- The third review would also be conducted by the General Authority of "cases closed at intake in the last 30 days."

Review Process

In light of the focus of the Authorities' internal reviews, file and case reviews to determine the level of compliance with standards, the co-chairs decided that the limited time available to complete the external review should be dedicated to examining the administrative issues affecting service delivery.

The external review focuses on children involved with child and family services agencies across the province and the impact the system has on their safety and well being. Reviewing the standards, policies and protocols on openings, closings and transfers was an important component of the review, but looking at the administration of the system as a whole was critical to understanding the complex and multi-layered organizations in which events can occur and decisions can be made, that have an impact on the welfare of children and families.

The co-chairs outlined the process by which the review would be conducted and set out the details thereof in a letter dated April 26, 2006 to the Chief Executive Officers of the four child and family service Authorities and the Director of the Child Protection Branch. The process outlined by the co-chairs was designed to allow a review of the administrative context in which child welfare services are provided, as well as an analysis of the delivery of services to children and families in Manitoba. The letter described the phases of the review as follows:

Best Practices Review

"A best practices review will be undertaken to determine what the optimum standards in child welfare are, against which the existing standards and practices can be measured. This review will commence at the end of April and will be completed late summer to allow time for comparison of data gained through the other phases of the review. It will also review how to define a workload and provide a method of measurement of the volume of work required to be performed by front line social workers."

The Best Practices Review, (Appendix 1), was conducted by Professor A. Wright, Faculty of Social Work, University of Manitoba.

Administrative Accountability Review

"An administrative accountability review will commence as soon as possible to determine the existing requirements of the child welfare system in Manitoba as set out in legislation, regulations, standards, protocols, and procedures in the Department of Family Services and Housing, the Child Welfare Authorities and the Child Welfare Agencies. This will include the administrative requirements for opening and closing cases, transfers of cases and workloads managed by front line workers. The review of transfers will include not only transfers between Authorities, but from the department to the Authorities."

Site Reviews

"Reviews of a sample of files will be conducted in each of the agencies to determine the level of compliance with the administrative requirements. This phase will also include consulting with children, families, care providers and front line social workers to determine the impact of the system on them."

As the external review proceeded, the co-chairs decided in light of the ongoing internal reviews it would not be necessary for the external review to duplicate the process of conducting file reviews on site.

Definition of Terms

In order to better understand what is meant by the terms opening, closing and transfer we have defined them according to the way in which decisions are made to provide service. The review concentrated on the provision of service in the child protection context although a necessary component of that service is also the provision of services to the family of the child.

File opening can refer to an opening at intake, which is the first point of contact in the child welfare system, or a file opening in an agency for ongoing service. Regardless of where the opening occurs we define "opening" as a decision in the system to begin to provide services to a child/family.

Transfers can occur from an intake unit to ongoing service within the agency, from intake to a different child welfare agency, from one agency to another within the same Authority or from an agency in one Authority to an agency in another Authority. Again regardless of where the transfer is from, or to where it is going, we define "transfer" as a change in responsibility for the provision of service from one person or organization in the child welfare system to another.

Closings can occur either at intake or at an ongoing service agency. In this report, "closing" is defined as a decision to no longer provide service to the child and or family.

External Review Team

It was decided that an effective review team should include people with expertise in child welfare and in external investigations. The team included people with child welfare experience from the Office of the Children's Advocate, the Child and Family Services Authorities, investigators from the Ombudsman's office and an auditor from the Office of the Auditor General.

The team that completed the investigative work was:

Jackie Brightnose – First Nations Northern Child and Family Services Authority
Sylvia McKay –First Nations Southern Child and Family Services Authority
Dallas Muir – Auditor General's Office
Nelson Mayer Jr. – Children's Advocate Office
Cheryl Ritlbauer – Manager, Ombudsman's Office
Jill Perron – Manager, Ombudsman's Office
Mel Holley – Investigator, Ombudsman's Office
Patti Cox – Investigator, Ombudsman's Office
Marni Yasumatsu – Investigator, Ombudsman's Office
Robin Stefanyshyn – Investigator Ombudsman's Office

The Investigative Process

In collaboration with the Co-Chairs the review team developed a plan that included a review of the legislative and financial framework in which the system operates, a review of previous internal and external reports about the system, a review of existing policy and standards documentation, and interviews with stakeholders throughout the province.

Based on its preliminary research and discussions with individuals in the child welfare system, the review team developed themes for the interviews that were to be conducted throughout the province with different stakeholder groups. In order to hear from as many people as possible in the time available, it was decided that interviews would be conducted in "focus group" settings.

Groups of people working in child welfare with the same or similar levels of responsibility were brought together to discuss their experience and recommendations about how the system could be improved. (Appendix 2)

Team members met with people working in the Department, the Child and Family Services Authorities and Child Welfare Agencies. They traveled throughout the province and conducted interviews in all regions, in First Nations communities and in urban centres including Winnipeg. (Appendix 3)

Members of the team were available to and did meet separately with people who wished to express their views in private. They also spoke privately with children, youth and foster families in the system. All telephone inquiries were returned by a team member, providing the caller an opportunity to state his or her views.

In order to ensure that the concerns of youth in the system were heard, interviews were conducted at residential facilities and at Manitoba Youth Centre, which is a youth correctional facility with youth involved in the child welfare system.

The interviews were conducted from the end of June to mid September. The review team found that although expressed from different perspectives, the concerns that were voiced about the system were generally consistent throughout the Province. (Appendix 4)

III Background of the Child Welfare System in Manitoba

The child welfare system in Manitoba was expanded in the post war era when social programming was expanding. Since its inception in Manitoba, child welfare has undergone many significant changes in its organizational and governance structure.

The most significant and important change to the child welfare system in Manitoba has been the recent Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI) sometimes referred to as devolution. The genesis of this process can be found in the report of the Aboriginal Justice Inquiry (AJI).

The Aboriginal Justice Inquiry (1991)

The beginning of the process intended to restore responsibility to the Aboriginal community for the welfare of its children, was recommended in the Aboriginal Justice Inquiry Report by Commissioners Associate Chief Justice A. C. Hamilton and Associate Chief Judge Murray Sinclair in 1991.

The Aboriginal Justice Inquiry report documents the significant impact of the child welfare system on Aboriginal Manitobans from the time it started to have an impact on their communities.

To address the inequities and inadequacies of the system for the Aboriginal community, the Commissioners recommended that the ability to deal with the welfare of its children within its own communities and structures be given to the Aboriginal community:

> "…..Aboriginal people are entitled to the provision of child and family services in a manner which respects their unique status and their cultural and linguistic heritage."

On page 747, the commissioners summarized their recommendations regarding child welfare as follows:

- Aboriginal and non-Aboriginal child and family service agencies be provided with sufficient resources to enable them to provide the communities they serve with the full range of direct service and preventative programs mandated by the CFS Act.
- The federal and provincial governments provide resources to Aboriginal child and family services agencies for the purpose of developing policies, standards, protocols and procedures in various areas, but particularly for the purpose of developing computer systems that will permit them to communicate quickly and effectively with other agencies to track cases and share information.
- Principle 11 of the CFS Act be amended to read "Aboriginal people are entitled to the provision of child and family services in a manner which respects their unique status and their cultural and linguistic heritage."

- The Province of Manitoba in conjunction with the Manitoba Metis Federation developed a mandated Metis child and family service agency with jurisdiction over Metis and non-status children throughout Manitoba.
- The jurisdiction of the reserve based Indian child and family service agencies be extended to include off reserve band members.
- Indian agencies be provided with sufficient resources to ensure that this expanded mandate be effectively carried out.
- A mandated Aboriginal child and family service agency be established in the City of Winnipeg.

The magnitude of the task involved in making the child welfare system a positive force in the lives of Aboriginal people can be appreciated when we consider the context described by the following comment found at page 545 of the Aboriginal Justice Inquiry report:

> "The interpretation of child welfare legislation is an area where cross-cultural misunderstanding frequently occurs. Terms such as adequate care, proper supervision and unfit circumstances not to speak of in the best interest and in need of protection are vague and value laden."

That comment remains relevant for the current review and our consideration of changes that might appropriately be made to improve the system overall, but in particular for Aboriginal people. There is an opportunity now to revisit the standards that have been promulgated by the government, the most complete version of which predated the AJI. This will be covered in depth in the chapter relating to standards, but it should be noted that this is as much an issue now as it was when the AJI report was tabled in 1991.

In order to comment on the issues facing the child welfare system in delivering services to children and families in Manitoba, it was important to consider how the system worked prior to the transfer to the child and family services Authorities.

In the course of our review, we looked at the system prior to, during and after the transfer of governance responsibilities to the Authorities in the Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI). We have done so because without a contextual framework against which to consider the AJI-CWI, one cannot fully understand the challenges that were faced in making this significant transition. As well, it is important to understand the system that was transferred to be able to make recommendations about the standards in the AJI-CWI system for file opening, transfer and closing.

The Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI)

The 1991 AJI recommendations were further reviewed in the Aboriginal Justice Implementation Committee report which outlined the way in which the recommendations of the AJI could finally be implemented to improve the provision of child and family services for Aboriginal children and families. The recommendation of the Aboriginal Justice Implementation Committee was:

> "The Government of Manitoba seek to enter into agreement with the Assembly of Manitoba Chiefs and the Manitoba Metis Federation to develop a plan that would result in First Nations and Metis communities developing and delivering Aboriginal child welfare services....."

The government accepted that recommendation and in 2000, the Minister of Family Services and Housing announced his intention to establish partnerships with the leadership of the Aboriginal community to negotiate the transfer of responsibility for child welfare from the department to a new governance structure. The intent was a transition of responsibility for the welfare of Aboriginal children to Authorities controlled by Aboriginal people by 2002.

After long and arduous negotiations, the transfer process began in 2003 and occurred region by region with different "go live" dates in each. The majority of the final transfer of 6700 cases to Aboriginal agencies occurred by May 15, 2005.

This transfer is a significant milestone in the delivery of services to the children and families in Manitoba. The Aboriginal community is overrepresented in both the lowest socio-economic strata of our society and in the child welfare system. The AJI-CWI holds the promise of a new system that will provide services and promote the well being of children and families in ways that are appropriate in Aboriginal communities and that promote the use of culturally appropriate standards, practices and protocols.

The AJI-CWI process transferred a significant amount of the responsibility for the governance of the child welfare system to the three Aboriginal Authorities and the General Authority. It is important to note that there were only two new agencies created in this process - the Metis Child, Family and Community Agency, and Animiiki Ozoson, Inc. All of the other Aboriginal agencies providing child welfare services were previously in existence.

The most significant change to the governance structures of Aboriginal agencies was their mandate, to provide services to the members of their First Nations communities who did not reside on reserve.

The direction that was given for the transfer process was that there would be one intake function in each region; that families would be given a choice regarding from which authority it would receive service; and the new system had to function within the "existing envelope", which means within the existing budget allocation for child welfare.

IV Child Welfare Pre AJI-CWI

Prior to the transfer, the Department of Family Services and Housing (the Department) was responsible for the administration of *The Child and Family Services Act* (CFS Act) and *The Adoption Act*.

The Department's administration of the CFS Act was governed by Part I of the CFS Act. It provided for the appointment of a Director of Child and Family Services operating under the control and direction of the Minister of Family Services and Housing. The Director's duties were set out in the CFS Act Section 4, (Appendix 5).

There were 22 child welfare agencies mandated and funded by the province. Each had exclusive jurisdiction within a defined geographic area. There were 12 First Nations agencies mandated to

deliver services on First Nations reserve communities only. There were 10 non-Aboriginal agencies delivering services elsewhere in Manitoba. Of the non-Aboriginal agencies, six were part of the department and four were private agencies (Winnipeg CFS, Jewish CFS, CFS of Central Manitoba and CFS of Western Manitoba).

The CFS Act sets out the duties of these agencies in Section 7, (Appendix 6).

Early in the review it became apparent that the problems in the child welfare system predated the transfer to the Authorities. The transfer was neither the source of all the system's problems, nor the means by which all of them could be addressed.

Other reviews of the system had made numerous and often repetitive recommendations for changes within the child welfare system to fix problems that had been in existence for years. A lack of resources had been repeatedly identified, and although funding had been increased, at the time of transfer to the Authorities, resources were still inadequate.

V STRUCTURE OF THE CURRENT CHILD WELFARE SYSTEM

An organization chart of the current structure is attached as Appendix 7.

Administration

There are two divisions of the Department of Family Services and Housing with direct responsibility for the provision of child welfare services from government – the Child and Family Services Division and the Community Services Delivery Division.

Within the Child and Family Services Division are two Branches with program responsibilities for service delivery – the Child Protection Branch ("the Branch") and the Strategic Initiatives and Program Support.

Strategic Initiatives is responsible to oversee and assist with the implementation of the restructuring of the Child and Family Services system consistent with the AJI-CWI including; the establishment of functional child and family service Authorities, under the CFS Authorities Act, managing the process to transfer responsibility for services to children and families who have chosen to be served by one of the newly established Aboriginal Child and Family Services Authorities, and identifying and transferring financial and other resources in proportion to the transfer of responsibility for service.

The Branch is responsible for the development of programs and services designed to support, supplement and where necessary, substitute for parental care. Responsibilities include the administrative, program and funding support of community based agencies and the four external Child and Family Services Authorities to provide services in accordance with provincial statutory requirements, policy direction and budgetary allocations. The Branch is responsible for establishing a relationship with each authority to ensure compliance with the CFS Act, the CFS Authorities Act and *The Adoption Act*. The Branch participates with the Authorities in the

development of strategic plans for the child and family services system. It establishes provincial standards for service delivery and monitors Authority compliance.

The Branch provides funding to the four Authorities and to community based agencies and ensures compliance with accountability requirements. This means that all funding for the Aboriginal Child and Family Services Authorities is appropriated to this Branch that has the responsibility to co-ordinate budget requests. An effective working relationship between the Director and the Chief Executive Officers of the Authorities is critical in achieving seamless service for children and families in Manitoba because of the concurrent and sometimes overlapping jurisdiction.

The Branch is expected to ensure effective service delivery within approved policies and budgetary resources and to have relationships with the Authorities that ensure timely access to information. The Branch is expected to design new projects and approaches to service delivery to reduce the number of children coming into care. It is also responsible for the development of provincial standards and tools. One of those tools is the Child and Family Services Information System (CFSIS) and the Branch is expected to enhance use of that system that results in increased accountability and program effectiveness, and earlier identification of issues.

The Community Services Division of the department has the budget and accountability responsibilities for the delivery of child welfare services in the rural and northern regions of the province, and Winnipeg Child and Family Services. This creates a reporting relationship for those child welfare functions to the Assistant Deputy Minister, however, there is also a governance relationship created by the CFS Authorities Act with the General Authority. The division is responsible to provide preventative services to families to promote the well being of the family unit through education and community development activities. It also delivers child protection services to children who are at risk of abuse or neglect and provides support and protective services to children in care.

Budget funds are allocated to the Authorities for further allocation to their agencies in accordance with decision made by the Authorities. The First Nations agencies receive funding for Status Indian children living on First Nations Communities, from the Federal Department of Indian and Northern Affairs.

Legislation

The Child and Family Services Act

The work of the child welfare system is governed by the CFS Act. At the outset the CFS Act, the Legislative Assembly of Manitoba made the following declaration of principles:

The Legislative Assembly of Manitoba hereby declares that the fundamental principles guiding the provision of services to children and families are:

1. *The best interests of children are a fundamental responsibility of society.*
2. *The family is the basic unit of society and its well-being should be supported and preserved.*
3. *The family is the basic source of care, nurture and acculturation of children and parents have the primary responsibility to ensure the well-being of their children.*

4. *Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.*
5. *Children have a right to a continuous family environment in which they can flourish.*
6. *Families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights.*
7. *Families are entitled to receive preventive and supportive services directed to preserving the family unit.*
8. *Families are entitled to services which respect their cultural and linguistic heritage.*
9. *Decisions to remove or place children should be based on the best interests of the child and not on the basis of the family's financial status.*
10. *Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children.*
11. *Indian bands are entitled to the provision of child and family services in a manner which respects their unique status as aboriginal peoples.*

The CFS Act emphasizes that the best interests of the child shall be the paramount consideration of the Director, an Authority, the Children's Advocate, an agency and a court in all proceedings under the Act affecting a child, other than proceedings to determine whether a child is in need or protection. Factors to be considered in determining the best interests of the child are identified in The CFS Act in subsection 2(1) (Appendix 8).

Part II of the CFS Act outlines services available to families which the family does not have to accept and which the agencies are not required by the legislation to provide, except in the case of services to a minor parent. The CFS Act states that a family member may apply to an agency and may receive from the agency counseling, guidance, supportive, educational and emergency shelter services. Some of these services may include special needs services, emergency assistance including food, clothing and transportation, day care service and homemaker service.

Part II also allows a parent, guardian or other person with actual care and control of the child to enter a voluntary placement agreement with an agency for the placement of the child without transfer of guardianship. There are limits regarding the duration and renewals of such agreements. There are also provisions for a parent or guardian to voluntarily surrender guardianship of a child to an agency.

Part III of the CFS Act places a responsibility on agencies to investigate where there is reason to suspect that a child is in need of protection and take such steps as are required for the protection of the child. It states that a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person. Some examples are set out in Subsection 17(2) (Appendix 9)

Where there are reasonable and probable grounds to believe that a child is in need of protection, the director, a representative of an agency, or a peace officer may apprehend the child without a warrant and take the child to a place of safety. Upon apprehending a child, the agency must make an application to court to determine whether the child is in need of protection. At the protection hearing, a judge may make a variety of orders with regard to the guardianship of the child.

In addition to its obligation to investigate where a child might be in need of protection, an agency is also obligated to refer a matter to its child abuse committee where it receives information that a child is or might be abused. Each agency is required to establish a child abuse committee to review cases of suspected abuse and to advise the agency concerning what actions are required to protect the child. The committee is also mandated to form an opinion as to whether a person abused a child and whether the name of that person should be entered in the child abuse registry. The CFS Act and the Child Abuse Regulation set out guidelines for the establishment and operation of the child abuse committees.

Part IV of the CFS Act sets out the agencies' rights and responsibilities regarding children in care. As the guardian of a child, the Director or agency shall have care and control of the child, be responsible for the maintenance and education of the child, and act for and on behalf of the child. The CFS Act specifies that guardianship terminates when a ward marries or attains the age of majority, but there are provisions whereby an agency may continue to provide care and maintenance for a former permanent ward until the age of 21 for the purpose of transitioning to independence.

While a child is in the care of an agency, the child may be placed outside the child's home. Placements may include foster homes and residential care facilities such as group homes, treatment facilities and temporary shelters. The Foster Homes Licensing Regulation and the Child Care Facilities (Other than Foster Homes) Licensing Regulation set out the terms and conditions for licensing of these placements. They also contain the requirements and standards regarding discipline and behavioural management, space and accommodation, equipment and supplies, meals, and health and safety within the placements.

The Child and Family Services Authorities Act

With the proclamation of the CFS Authorities Act on November 24, 2003, the Department of Family Services & Housing added the responsibility for the administration of this Act to its existing responsibility for the CFS Act and *The Adoption Act*.

The CFS Authorities Act creates the four Authorities and provides for their governing boards, appointed by the political bodies directly involved.

- The Metis Child and Family Services Authority is appointed by the Manitoba Metis Federation
- The First Nations of Northern Manitoba Child and Family Services Authority is appointed by the Manitoba Keewatinook Ininew Okimowin
- The First Nations of Southern Manitoba Child and Family Services Authority is appointed by the Assembly of Manitoba Chiefs
- The General Child and Family Services Authority is appointed by the Lieutenant Governor in Council.

Within the system these bodies are referred to as the Metis Authority, the Southern Authority, the Northern Authority and the General Authority. When the CFS Authorities Act was passed many of the responsibilities of the Branch were transferred to the Authorities.

Under the CFS Authorities Act, the Minister retains ultimate responsibility for the administration of the child welfare system. the CFS Authorities Act states that the minister is responsible for setting provincial objectives and priorities for the provision of child and family services; establishing policies and standards for the provision of child and family services; monitoring and assessing how Authorities carry out their responsibilities under this Act; allocating funding and other resources to Authorities; and providing support services to Authorities. The Minister may also give directions to the Authorities for the purpose of achieving provincial objectives and priorities; providing guidelines for the authority to follow in carrying out its responsibilities, duties and powers; and coordinating the work of the authority with the programs, policies and work of the government and others in providing child and family services.

Section 18 of the CFS Authorities Act states that where an authority is responsible for administering and providing for the delivery of child and family services to persons under that Act, the Authority has the same powers and duties as the Director has under the CFS Act, and *The Adoption Act* respecting the agencies that it has mandated, and the powers and duties of the Director cease with respect to those agencies. Further clarification of the roles and responsibilities of the Director and the Authorities may be found in Parts 3 and 4 of the CFS Authorities Regulation (Appendix 10).

There are 21 agencies operating within the province in a number of different governance structures. These agencies report to Authorities as follows:

Metis Child and Family Services Authority
Metis Child, Family and Community Services

First Nations of Northern Manitoba Child and Family Services Authority
Awasis Agency of Northern Manitoba
Cree Nation Child and Family Caring Agency
Island Lake First Nations Family Services
Kinosao Sipi Minisowin Agency
Nisichawayasihk Cree Nation Family and Community Wellness Centre
Opaskwayak Cree Nation Child and Family Services

First Nations of Southern Manitoba Child and Family Services Authority
Animikii Ozoson, Inc.
Anishinaabe Child and Family Services
Dakota Ojibway Child and Family Services
Intertribal Child and Family Services
Peguis Child and Family Services
Sagkeeng Child and Family Services
Southeast Child and Family Services
West Region Child and Family Services

General Child and Family Services Authority
Child and Family Services of Western Manitoba
Child and Family Services of Central Manitoba
Jewish Child and Family Services

Churchill Child and Family Services
Rural and Northern Services – Eastman, Interlake, Parkland, Northern and Winnipeg Child and Family Services

Most of the agencies have one or more sub-offices to serve particular communities within their jurisdiction. In total there are over 130 offices throughout the province providing child welfare services. Under the CFS Authorities Act, the system changes from geographically to concurrently mandated agencies.

Designated Intake Agencies

The CFS Authorities Act also introduced a new system for intake, which requires the Authorities to jointly designate an agency to provide intake and emergency services by geographic region of the province. The Joint Intake and Emergency Services by Designated Agencies Regulation outlines the role and responsibility of the designated intake agencies (DIA). The DIAs must provide 24 hour intake and emergency services and respond to all referrals or requests for service on a timely basis. In addition, the DIAs must provide child protection services and assess the need for ongoing services.

In Winnipeg, the Joint Intake Response Unit (JIRU), provides intake for all 16 agencies operating in Winnipeg. This function is currently part of Winnipeg Child and Family but is planned to become a separate agency under the Southern Authority.

If a DIA determines that ongoing services are required, it must determine which Authority will be responsible for providing those services in accordance with the Authority Determination Protocol ("ADP") and transfer the file to the appropriate agency for ongoing services. The ADP is used to determine a person or family's culturally appropriate authority and allow people to choose their authority of service. The process for completing the ADP is set out in Part 2 of The CFS Authorities Regulation.

Compliance with Legislation

The CFS Authorities Act must be complied with by government in order to allow an ability to compare the Authorities and their level of funding and support from government. The General Authority structure should be amended to conform with the legislation. Although responsible for all non-Aboriginal child and family services according to the CFS Authorities Act, the General Authority does not have any real operating authority or responsibility for Winnipeg CFS or Rural and Northern CFS. Having these agencies remain within the central department is not only contrary to the CFS Authorities Act, it makes comparison and analysis among Authorities and agencies difficult. It also contributes to a sense of unfairness in the child welfare community because of a perception that the government child and family service agencies have the significant resources of government available to them cover over expenditure of budgets.

In the Declaration of Principles in the CFS Act, there are statements with regard to the rights of children and families (see page 14). One of the rights espoused is that families are entitled to receive preventive and supportive services directed to preserving the family unit. As well, families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.

We found that families in Manitoba often do not receive prevention or support services consistent with these principles, and that the child welfare system is based on child protection being its first and often only response. This finding will be elaborated upon in a number of sections following, but it is fundamental to the delivery of child welfare that families receive the support and assistance enshrined in these principles if a healthier environment is going to be created for disadvantaged children and families in our society.

The CFS Act also speaks to the provision of services to families in a way that respects their cultural and linguistic heritage and states that communities have a responsibility to promote the best interests of their children and families, and have the right to participate in services to their families and children. The CFS Authorities Act also reflects those principles in its preamble (Appendix 11).

The Authority model is the first step towards the transfer of responsibility for child welfare to the Aboriginal community for Aboriginal children and families. Community involvement and responsibility for decisions and actions to protect children requires that prevention and support be provided to families within the Aboriginal communities. Programs respecting this right need to be implemented throughout the province.

Both Acts speak to the right of families to preventive and supportive services. We have found that the rights that are enshrined in the legislation are for the most part ignored. Funding for support and preventative services must be provided to assist families in becoming healthy and able to parent, rather than allowing that they receive service only when their children are taken into care. New resources are needed to provide the support that is referenced as a principle upon which the child welfare system is based.

We recommend that funding be provided to the department immediately to begin the process of planning and implementing support and prevention programs throughout the province. We further recommend that by 2008/09 the full costs of providing these programs be included in the Family Services and Housing budget and that the savings realized from the program be reinvested in the system.

We recommend that Winnipeg CFS and Rural and Northern CFS report to the General Authority, consistent with the reporting structures for all other agencies in the province.

VI COMMUNICATION

Effective communication is essential to the work done on a daily basis by child welfare workers to ensure the safety and well-being of children and the preservation of families. It is also essential to the operation and maintenance of any multi-jurisdictional, complex service delivery system. When a system is going through a period of significant change effective communication about the change, the motivation, the process, the expected impact and desired outcomes, is critical to the success of the change.

This review has been conducted at a point in time when the Manitoba child welfare system has been in crisis for many years and, more recently, has undergone the most significant change in its history, the AJI-CWI.

Examined in isolation, the provincial communication strategy on AJI-CWI appears adequate. It undertook to ensure access to necessary information by communicating in many different formats with all or most of the identified "stakeholders" in the system.

During the course of this review the team interviewed many people who had read and listened to information provided as part of the government's communication strategy, and others who had participated in available consultation processes, and still felt frustrated, misinformed or ignored. From their perspective the department's communication about AJI-CWI did not address their concerns and described changes to a system that had, in the minds of many, had significant problems for a long time. For people who had come to feel that way about the child welfare system the Department's communication on AJI-CWI was seen as another example of top down communication about a decision that had been made without hearing the views of people working in the system. This perspective was wide spread and speaks to longstanding communication problems between the department and workers in the field.

Pre-existing communication issues

The differing perspectives on two issues of critical importance in the child welfare system serve to illustrate the communications gap between policy makers and front line staff. These issues are the Child and Family Services Information System (CFSIS), and the Program Standards (the Standards.)

Child and Family Services Information System

Although there is general agreement that a province-wide tracking system is necessary, CFSIS may not be that system. Numerous agencies and individual workers told the review team that it no longer meets the purpose for which it was intended and in many cases it operates as an impediment to workers providing direct services to children and families.

The province has invested significant resources into CFSIS and continues to assert its value. While they acknowledge that there are "connectivity" issues in some remote communities they believe that impending advancements in technology will resolve such issues. This was the context in which the department insisted during AJI-CWI discussions that CFSIS was a "non-negotiable." A minimum standard on the use of CFSIS was to be developed, by consensus, at some later date.

For many people who work at the field level in the system the department's position that requires the use CFSIS is indicative of its failure or refusal to hear and address their ongoing concerns about the deficiencies of CFSIS.

Provincial Program Standards

Provincial Standards set the minimum requirements that any agency must meet in providing services and regulate the manner in which each agency administers the provision of service.

They are described as a minimum level of performance expressed in precise, measurable terms. Communicating these standards to agencies and workers is critical to ensuring that these minimum level performance expectations are met.

Based on information received from agencies and workers we have concluded that there are three formats of standards in use in whole or part by agencies across the province: the printed Program Standards Manual (1988); the Draft Case Management Standards (1999); and the on line Child and Family Service Standards Manual (2005).

This causes inconsistency in service delivery, administration, compliance and training. The review team found that many workers and supervisors were confused about which format of standards are the current provincial requirement for minimum practice and, moreover, which specific standards are required in particular practice areas.

The varied formats of standards, the limited access to on-line standards and a lack of availability of the printed manuals, as well as the absence of training and orientation to standards, were identified by the majority of workers we spoke to as significant barriers to meeting the provincial standards. They also represent significant gaps in the communication of an essential and mandatory tool of the trade for front line workers and supervisors.

This review learned from workers in the field in every corner of the province that standards cannot be met because of excessive workloads and other issues related to the under funding of the system. We learned from some remote communities that there are standards that cannot and have not been met because of the physical realities of poverty and isolation. We were told by many aboriginal workers that some provincial standards are culturally inappropriate and simply unacceptable.

The problem of the Standards not being met was repeatedly brought to the attention of the Branch. Front line staff see the widespread ignorance of standards as another example of the "top down" communication that results in policies and standards that are either unattainable or inappropriate to the desired goal.

Workers were doubtful that their input, when asked for, was considered. The problem was succinctly described as a process whereby a policy or a standard will be developed and then, shortly before it becomes a mandatory requirement, workers would be asked what they think about it. Workers respond, but without any real hope that their views will be considered. When unrealistic or inappropriate policies or standards become mandatory workers simply do the best they can to meet them or find ways of working around them.

The absence of meaningful consultation was frequently cited as the source of a widespread erosion of the trust workers must have in decision makers if the system is to function effectively.

There does not appear to be any mechanism the Authorities can use to work jointly towards programs based on consensus. Such a mechanism is necessary and is being recommended by this review. When created it cannot simply follow the existing practice of designing programs or policies and circulating them to agencies and workers for comment shortly before implementation. There must first be consultation in the field about the issues facing workers and

their requirements with a focus on incorporating suggestions that improve services to children and families.

JIRU

The best example of the complexity in the new system, and of the absolute need for improved communication, is the Joint Intake and Response Unit (JIRU) in Winnipeg.

JIRU is intended to be a single "intake agency" designed to avoid confusion on the part of the public and ensure consistency of assessment and service at the intake level. JIRU is responsible for the intake of all cases in Winnipeg, for child abuse investigations, for crisis response and for community response. It provides on call services 24 hours a day and deals with approximately 1000 calls a month, of which 600 become intake cases. It is effectively the intake arm of all sixteen (16) mandated child welfare agencies in Winnipeg. Children and families from anywhere in Manitoba could come into contact with JIRU while visiting or residing temporarily in Winnipeg. There are similar "designated intake agencies" in other regions of the province performing the intake function for multiple agencies.

Our review discovered a number of communications issues impeding the effective operation of JIRU.

- The various program functions of JIRU are compartmentalized, and there is no continuous, consistent, or seamless process for families encountering the system. The parameters of each program area within JIRU have not been clearly established. There is a lack of clarity among front line workers about the roles, responsibilities and boundaries of each program area. Workers advised our review team that no one is sure where one program begins and the other ends. This lack of clarity creates confusion about who is responsible for specific case management functions, and fosters tension among staff.

- The current single entry number at JIRU creates a backlog where families are waiting for service. The backlog of calls 'in the queue' through the central phone line is exacerbated by the fact that some of child welfare's core collateral agencies such as hospitals, schools, Children's Special Services and the mental health system do not understand that they should not be entering the child welfare system through the central number.

- There is a lack of clarity, province wide, about the division of labour between JIRU (and other designated intake agencies) and the other mandated agencies to which intake refers cases for ongoing service. There are ongoing issues around the quality and quantity of information transferred.

The role of JIRU, and particularly the extent of its responsibility for the provision of service before a file is transferred to a receiving agency, remains a source of confusion and discord system wide.

It is imperative that clear written procedures around each of JIRU's program areas be developed and communicated consistently across JIRU and to the other mandated and social services agencies that interface with JIRU.

It is vital that mechanisms for communication between front line supervisors and workers of all agencies interfacing with JIRU be created in order to achieve seamless service delivery for children and families.

JIRU needs to immediately develop a better strategy to address how collateral agencies/organizations send non –urgent referrals to the child welfare system.

Authority Level

Some of the significant issues raised in this report relate to issues that must be addressed by the Authorities in conjunction with the Branch. The Authorities need to develop processes, forms and methods that are consistent with one another to reduce time wasting confusion within the system. The Authorities also need to take the lead in healing the rifts that developed through the transfer process and contain issues that might create further problems in the future.

As well there needs to be clear dispute resolution mechanisms, at the program manager level, to resolve disputes between authorities. It is not appropriate or efficient for Authority CEOs to have to become involved in disputes about the transfer of files from intake agencies operating under one authority to ongoing service agencies operating under another authority.

To allow the system to move beyond transition issues, a new means of communicating with agencies and front line staff must be developed by the authorities to resolve the problems currently impeding service delivery.

Many workers expressed frustration about the deteriorating relationships with, and the inability to obtain assistance from, collateral agencies in dealing with child protection matters. As the system changes there is a need to re-educate collaterals about the role and function of child welfare. Workers have raised concerns that politicians and the media do not understand the workings of the child welfare.

The Leadership Council created in the CFS Authorities Act needs to play a role in increasing support for the work done in the system on a day to day basis. It has a role in rebuilding and supporting relationships with community partners such as the education system, the police and the health care with a particular focus on mental health. As well, it must be responsible for informing all levels of political leadership of the appropriate channels for making inquiries about child welfare matters. The members of leadership council have the entrée to the leadership of other systems in a way that can direct the co-operation horizontally in the province to ensure that the wellbeing and safety of children is paramount and that the systems are working together toward that end.

Much of the information that the public receives regarding the child welfare system comes from what they see or hear in the media. It would be valuable to ensure that the media has a thorough understanding of the complexities of the system. There should be an opportunity to inform members of the media about the system as a whole, at a time when the media's legitimate focus is not on a crisis or tragedy.

Agency Level

The communication of detailed and accurate information throughout the child welfare system is critical to ensuring informed, appropriate and prompt decisions when dealing with the safety of children or the well-being of families. Direct contact between workers is the best method of ensuring that information is transmitted. Agencies need to encourage and facilitate communication among its workers for that purpose.

Designated intake agency staff should be communicating directly with the workers in receiving agencies to ensure that as much information as possible is provided to the person responsible for the protection of, or ongoing service to a child.

There should be opportunities for people working in the system to meet and discuss current issues and share potential solutions. Agencies need to play a lead role in creating a mechanism for workers to share information and learn from each other. This mechanism should involve both an annual forum and some more frequent opportunity for communication, such as an issue oriented newsletter.

As well there needs to be more direct communication between the agency staff who have legal responsibility for children in care and those who provide that care, foster parents and residential staff. This communication should occur at critical points in the lives of children in care, such as when decisions are being made about placement changes or when significant events occur, such as a child running away, that indicate the child is in need of additional supports.

We recommend that the Standing Committee annually invite the media to an information session to fully explain how the system works and how decisions are made, and to answer their questions about the system, unrelated to any case.

We recommend that before the end of the calendar year two meetings be held, one with the Executive Directors in the North and one in the South, with Standing Committee to advise of the immediate and short term implementation plans.

We recommend that a further two meetings of the same groups to discuss the accomplishments to date be held before the end of the fiscal year, and the plans for the upcoming fiscal year be set out.

We recommend that this forum continues in Manitoba with funding allocated to the Authorities for the purpose of allowing the quarterly meetings among agency executive directors and supervisors.

VII Service Delivery Alternatives

Child Centered Service Delivery

Families receiving services in the child welfare system are often the recipients of a number of other services from government including employment and income assistance, housing, justice

interactions and social programs aimed at those living in poverty. Each program has its own policies and requirements and knows what outcomes it wishes to achieve.

Child welfare measures its program by reporting the number of children in care and open family files. Its focus does not promote the ability to measure positive outcomes for children and families because the funding in the system is based on the number of children in care.

Instead the system should be measured based on outcomes – the number of children who are raised in family environments that are successful because the children are "safe, well nourished, stimulated, loved and have opportunities to learn and play." (Alberta Response definition of well being).

However the child welfare system alone cannot achieve these outcomes.

Government should consider the child as the client and use a client focused service model. The inputs that the child receives from government should be calculated from all sources such as Education, Health, Housing, EIA, and Child Welfare, and potentially Justice.

To make the investment in children as effective as possible, these programs need to develop an approach between and amongst them that will ensure the best outcomes for children from that investment. This is impossible to accomplish if each program operates in isolation and there is not joint planning from each program to ensure that its individual goals supports the ultimate goal of the best outcome for the child.

Even within Family Services and Housing there are examples where program policies applied to a child or family do not achieve that goal.

For example, the children of a single mother living on employment and income assistance are apprehended. The effect may be that her employment and income assistance is reduced and she is no longer eligible for housing for herself and her children. She must move to a smaller apartment sufficient to accommodate only her.

She now faces the obstacle of not having housing that is sufficient to accommodate her children and herself and she does not have the appropriate resources immediately available to provide for them if they were returned. She must negotiate a bureaucratic maze in circumstances where she is probably ill-equipped to do so and may have little or no support to accomplish the goal of the system – the return of her children.

Programs need to plan and invest in a co-coordinated way to assist and promote the well-being of the most disadvantaged members of our community.

A child focused service delivery model requires a coordinated government wide effort for the effective and efficient support of children, youth and their families. The larger service delivery system providing support service should be working collaboratively with the mandated services to ensure best practice occurs. A concerted effort by all is necessary to ensure a coordinated investment of resources to accomplish what is in the best interests of the child. This concept is consistent with the principle that declares *"The best interests of children are a fundamental*

responsibility of society." The Child Welfare System can not alone ensure the well being of all children.

The recent Integrated Service Delivery initiatives are moving in this direction by co-locating various FS&H and Health Programs and Services in two offices in Winnipeg. These programs which come into contact with children, youth and families have the opportunity to focus on 'the client' in a collaborative way.

In Manitoba, Healthy Child Manitoba has various programs for early childhood development. While the programs offered through Healthy Child Manitoba are of benefit to children and families, they are restrictive in terms of ages of the children and length of time for service and are unlikely to be accessed independently by families in crisis. Despite the Department of Family Services and Housing being a partner in this initiative, the Child Welfare System is not connected with Healthy Child Manitoba initiatives.

We recommend that government programs designed to enhance the well-being of children and promote their development be coordinated horizontally, and include child welfare investment to ensure a rational approach to providing government services even in times of family crisis.

We recommend that the Healthy Child Committee of Cabinet should be expanded to include representation from the Child Welfare system on its working groups to ensure that the co-coordinated approach to promoting healthy children includes children in the child welfare system who are often those most in need of this kind of co-coordinated support.

Differential Response – Support and Prevention, Protection

There were many examples provided where workers were able to provide services to children only through the protection process of apprehending them. Resources are needed to meet the mandate of the government and the Authorities in providing services for the purposes of prevention and support. If those services cannot be rendered then crises cannot be averted and there will be a continuing and increasing need for protection services.

Families need the opportunity and assistance to provide appropriate parenting. Intervention measures are required that will allow support to be provided to family to reinforce the benefits of keeping children in their family and communities. Funding that is tied solely to protection runs counter to the principles espoused in the acts. Support and prevention funding should be the first response with protection a critical component of the system, but not as its sole response. Programs need to be developed using community development models to reinforce a child's sense of belonging in a community and the need for families to look after one another.

The Alberta Government has initiated the "Alberta Response Model", the implementation of several complex activities that address short term and long term needs of children youth and families who come into contact with the child welfare system. It is family centered practice with child centered outcomes. It focuses on enhancing community-based partnerships and enriching natural family supports.

The Alberta Response Model framework is comprised of core strategies that involve: building community or neighborhood networks to increase access to community services and allow for timely, individualized response. A differential response model will ensure that children and youth at high risk of physical or emotional harm are protected and whenever possible supports parents to be responsible for the safety and well being of their children. It also involved permanency planning to improve the outcomes for children and youth; and the evaluation of outcomes for the children, youth, and families that come into contact with the child welfare system.

The differential response is an approach to case management that provides a mechanism for identifying vulnerable children and families early and mobilizes the necessary support services before a crisis occurs. This will help parents fulfill their natural role and responsibilities as caregivers for their children. Through differential response and community or neighborhood networks, families can be connected to the services they need to cope with their challenges and meet their children's need for a stable and nurturing home. Providing early support will strengthen vulnerable families, reducing the possibility of child maltreatment and the need for protection services.

Under the differential response model, there are two 'streams' of response depending on the circumstances when a family is referred to the child welfare system. Using carefully designed criteria the family undergoes a screening to determine the most appropriate 'stream' of response. The family may enter either the family enhancement stream or the child protection stream.

The family enhancement stream is for cases where the child is at lower risk, but the family is vulnerable. If the family is willing, a comprehensive family assessment is conducted to identify the needs of the child and strengths of the family, the extended family and the community. Relevant community partners will be brought together in a multi-discipline team to develop an individualized plan connecting the family with community–based services to help them meet their child's needs.

The child protection stream is for cases where the child is at high risk of physical or emotional harm and/or the family is unable or unwilling to voluntarily address their problems. The need for child protection services is assessed and an investigation conducted to determine whether or not the child meets the mandatory protective services. In order to avoid the potential of "lowering the threshold" and thus increasing the number of children in care, the Alberta model sets thresholds for different levels of service. The last resort is a child protection response.

Given the complex nature of families, some will move between the two streams.

The advantages of differential response is that families will make earlier and better use of community based services, children and youth will receive the right service at the right time, improving their outcomes, fewer children and youth will require child protection services and those who do will have a better chance of reuniting with their families and may do so sooner. In order for a differential response system to be effective, community based services and child welfare must work as partners. The community (which includes human services such as social services, health, education, and justice) provides more accessible and natural supports for children and their families. Families receive more appropriate services in a timely manner through strong community based networks.

There are numerous studies that indicate that investing in strengthening families and providing support and assistance in becoming better parents, will have long term financial benefits in terms of the cost avoidance of protection expenditures in the short term, and youth and adult corrections expenditures in the long term.

We recommend that the government immediately begin the research and planning necessary for the implementation of a differential response model of service commencing in 07/08.

We recommend that the Alberta response model be studied for this purpose.

We recommend that $ 750,000 be allocated within this fiscal year to begin the process of planning an effective differential response model in the child welfare system.

We recommend that funding be allocated in 2007/08 to begin staffing action for the differential response model in that year in the amount of $7,500,000.

We recommend that the model be fully implemented in 2008/09 with funding allocated in the amount of $15,000,000 and that ongoing funding in that amount plus price and volume increases be provided in following years.

We recommend that any savings achieved elsewhere in the system as a result of the differential response model be reinvested in the system.

We recommend that the differential response capacity be attached to the designated intake agencies throughout the province and in First Nations communities in order to ensure assessment and appropriate service at the point of intake.

We recommend that a responsibility of the differential response system will be to connect families with other early intervention programs developed by government that may assist in dealing with the issues they are facing such as Healthy Child Programs including, Healthy Baby, Families First, Triple P, and FAS Strategy but that this brokering service be in addition to and not instead of providing direct service to children and families.

We recommend that sufficient funding be put into place to ensure the support and prevention services to a family needing those services follows the family when the file is transferred to an agency as an ongoing case.

We recommend that sufficient funding be allocated to allow support services to continue through the support and prevention program even after a child welfare protection file is closed where a family may need ongoing support.

The Child Welfare Secretariat

The AJI-CWI had as its genesis the need to address the inequities and inadequacies of the child welfare system for the Aboriginal community. It was designed with the goal of providing child and family services to Aboriginal people in a manner which respects their unique status and their cultural and linguistic heritage. It was created to foster an environment of cross cultural

understanding and to ensure that the interpretation of child welfare legislation did not create barriers to appropriate service in and for the Aboriginal Community.

The creation of the authorities in the AJI-CWI moves toward that goal. But when the authorities were created, they were each funded to allow seven staff to be hired. Because the authorities assumed many of the responsibilities of the Director and because of their individual governance responsibilities related to their agencies, these positions for the most part were used to provide financial management, quality assurance and compliance functions. Although the number of staff in each Authority has since been increased, there are not sufficient positions to assume policy and planning functions.

The Authority system created four individual entities with responsibilities only for those children and families within the scope of their authority. Because children and families in the province who are in contact with the child welfare system frequently move, the Authority model needs to respond to ensure there is seamless service for these children and families.

The creation of the Standing Committee provided the forum in which to into consider the needs of child welfare in the province as a whole. It is composed of the Chief Executive Officers of the authorities, the Director and an additional member appointed by the Metis Authority. The Standing Committee is to serve as an advisory body to the authorities and government be responsible for facilitating the provision of services under The CFS Authorities Act. There were no staff positions allocated to the Standing Committee although it receives support from both the Branch and Strategic Initiatives on an ad hoc basis.

We believe that the structure of the Standing Committee does not allow it to achieve the goals of the AJI-CWI. Beyond the functions formerly the responsibility of the Director, there must be an appropriately resourced mechanism to develop and implement the goals of the AJI-CWI. The structure must be designed to meet the needs of the authorities and the Branch both individually and collectively. A structure is required that allows for diversity within a consensus model. We believe that can be accomplished through the creation of a child welfare secretariat (CWS).

This will be the method by which all parties can ensure that the child welfare system is a seamless system without gaps in it into which children and families may fall.

The secretariat would be responsible for the research, design, training, and development of programs, policies and standards in accordance with the direction of the Standing Committee.

In order to ensure that the work of the CWS could have the necessary critical mass to fulfill its responsibilities while meeting the need for diversity in the consensus model, there will need to be staff representing each member of the Standing Committee within the secretariat.

We recommend the creation of a Child Welfare Secretariat which will be staffed by those people now working in the Branch and in Strategic Initiatives whose responsibilities relate strictly to the authorities and that the Joint Training Unit become part of the CWS .

We recommend the creation of 10 new FTEs with the necessary salaries, benefits and operating funding required allocated equally to the Authorities and the Branch and those employees will have an employee/employer relationship with the entity they represent.

We recommend that the staff currently at the Branch and the Strategic Initiatives Program that are assigned authority relations responsibilities become part of the CWS. We recommend that the Joint Training Unit become part of the CWS.

We recommend that a manager of the secretariat be designated whose functional reporting will be to the Director, but who will have operational responsibility to the Standing Committee.

We recommend that the following development work be a responsibility of the Child Welfare Secretariat:

Case Management Model

Some of the specific responsibilities that must be undertaken immediately relate to the development of a case management model that can be tailored to fit the needs of the community in which it is used. The case management model must incorporate the use of differential response to child welfare.

The CWS must develop a list of best practices that can be agreed upon by Standing Committee as the basis for child welfare in Manitoba. The Best Practices Report contains recommendations for best practices that are applicable in the Manitoba context. Within those best practices there should be statements about the time that must be available to workers to engage with the families with whom they are in contact and a commitment to flexibility in the system so that a differential response model can become effective and supportive.

Once the best practices have been agreed upon, the CWS must develop a case management model that is based on the foundational standards that must be achieved at each stage of service on a case. We recommend that the foundational standards at the screening and intake stages of the case management model will be those that are required province wide as they relate to the safety and protection of children, regardless of where those children might reside. Each standards package should relate back to the best practices and should contain within it a description of the role of the worker and the role of the supervisor in meeting the standards.

As cases progress to safety assessment, family assessment and ongoing service, culturally appropriate standards must be included to ensure that there are not barriers being created by the development of this model.

Currently many of the standards relate to expectations that are unrealistic and militate against children being cared for by their extended family or in foster care within their communities. The standards do not take into account the realities of living in poverty or in remote areas of the province. The standards should be written to support children being cared for in their own community as long as their safety is ensured.

The standards must be user tested by front line workers from each of the authorities. There must also be training given to all workers on the model and the standards in the field and the training unit must travel throughout the province to provide that training. The best practices requirements that must be in place are: that the workers will have the time they need to

appropriately engage with the children and families with whom they are working, the resources necessary to provide the support and assistance to families to prevent crises from occurring, and a clear set of expectations around what the outcomes for children will be as a result of their work. The system needs to embrace a strength based approach to children and families rather than one that is based on finding fault. The differential response model recommended elsewhere must also be incorporated into the case management model.

Quality Assurance Framework

The CWS should also develop a quality assurance framework that can be built into the case management model and used by the individual authorities in fulfilling their oversight responsibility for agencies. Because the case management model is outcomes based the quality assurance framework should be designed to measure the quality based on the outcomes achieved for children, thus moving away from an analysis of protection action to one focused on support of children and families and the prevention of the need for protection action to be taken. Outcomes should be assessed against performance measures to determine the effectiveness of the system.

Differential Response

The child welfare secretariat will be responsible for the development of the differential response model that is recommended for implementation in the province. In order to ensure that there is effective support for the model in the other programs and systems in government, a person designated by Standing Committee will represent the interests and position of the child welfare system at the Healthy Child committee. The links between those programs and the child welfare system are critical and must be established and maintained.

Training

In the course of the review there appeared to be little information available to supervisors to assist them in building or supporting the workers reporting to them. There needs to be specific training developed and delivered to supervisors on team building and peer support, particularly around critical incident debriefing. The CWS should be responsible for the development of these programs.

There must be training delivered directly to front line staff where they are working. The CWS secretariat will have the staff necessary to provide this training package developed for the case management model that is required for all front line staff. This training would be developed and delivered by the CWS. Training in child protection for all new staff hired by any agency in the province would be provided by the Secretariat to ensure that social workers were informed of what is required in the child protection field. Newly hired staff would be required to learn how to deal with situations they confront where there is child abuse or neglect present.

The CWS would be responsible for ensuring that every person providing child welfare services in the province has read and understood the standards. Newly hired staff would be required to learn how to deal with situations they confront where there is child abuse or neglect present. In addition to training for new employees there should also be refresher training available to all staff.

Development of Consistent Protocols

Because the designated intake agencies and JIRU must communicate effectively with the other agencies throughout the province, the standards, processes, protocols and forms used by the Designated Intake Agencies and JIRU must be the same. Timeframes for actions within the intake system must be in place and understood by everyone working in the intake system, and all agencies must be aware of what the expectations will be in terms of transfer times, responsibility for investigations and ongoing service delivery.

The CWS should be responsible for coordinating meetings with the DIAs and discussing ways to achieve the necessary consistency in the province to ensure a consistent level of knowledge and understanding about the intake functions. Where there are processes and forms used at intake they should be consistent throughout the province.

Communication

Many workers expressed frustration that they were unable to obtain assistance from collateral agencies to assist them in dealing with child protection matters. Often, issues have to be discussed at senior levels within organizations to achieve a better level of understanding and co-operation. The CWS should serve as a single communication vehicle to collateral agencies at a working level to allow issues to be resolved quickly and effectively for the system as a whole. The CWS would also be responsible for corporate communication with collateral agencies and organizations to ensure consistent messages and effective responses from those from whom services are required such as other government programs, police agencies, education and mental health services. A member of the CWS should sit on inter-departmental committees such as Healthy Child to assist in the incorporation of child welfare needs in the development of those programs.

CFSIS/Intake Module

The CWS should provide the business analysis function necessary to redesign the CFSIS system and the Intake Module to make them user friendly and to provide a province wide system that can be used to obtain the basic information needed at intake. Front line users in the system should be involved in the analysis and testing of a redesigned system to ensure its functionality.

JIRU

Because of the issues previously identified with JIRU the CWS should be responsible to work with management of that unit to develop, implement and communicate the necessary policies and procedures to ensure that it is functioning effectively and seamlessly before it becomes an agency under the Southern Authority.

ADP

The CWS should also be responsible for the redesign of the ADP to make it understandable for the families in the system and to streamline it to the extent possible.

Aboriginal Approaches to Child Welfare

The relationship between Manitoba's Aboriginal people and its the child welfare system has been well documented. The review learned however that the impact of the child welfare system on Aboriginal people and their communities is still a live issue that must be addressed post AJI-CWI.

The review was told that in many cases the healing is just beginning. A successful first step described by an Aboriginal worker in one community involved explaining to a man, for the first time, some of the possible causes of his dysfunctional behaviour. She reported that his reaction was one of relief at finding out that there were causes for his behaviours beyond the notion that he must be a bad or defective person.

Whether it be the impact of residential school on a grandparent or the loss of identity of a parent caught up in the "sixties scoop", the consequences of the past can have a direct impact on the need for and delivery of child welfare services today.

Beyond the impact on individuals and families the experience with the child welfare system has left many communities with a deep rooted distrust of child welfare. Many Aboriginal workers told us that even if their entire staff is Aboriginal the community at large may view them with suspicion or hostility.

Different Philosophy

In many Aboriginal agencies front line staff spoke of a difference in philosophy between their approach to child welfare and the approach of non Aboriginal people. That difference relates to the concept of the "best interests of the child," and whether that interest can be considered in isolation from the child's family. This is not about putting the interests of the child aside for the greater benefit of the family, but rather the concept that the two are inextricably linked.

We were told as well that the Aboriginal philosophy of child welfare dictates that responsibility for a child's well-being extends beyond the immediate family to the extended family and the entire community. Based on this philosophy the fact that children may be cared for by relatives, friends or neighbours is seen as a natural occurrence and does not result in a judgement that a child's biological parents are somehow defective or incapable of providing care.

The Manitoba Model

The CFS Act contains a declaration of principles that includes the following statements:

1. *The best interests of children are a fundamental responsibility of society.*
2. *The family is the basic unit of society and its well-being should be supported and preserved.*
3. *The family is the basic source of care, nurture and acculturation of children and parents have the primary responsibility to ensure the well-being of their children.*
4. *Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.*
5. *Children have a right to a continuous family environment in which they can flourish.*

6. *Families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights.*
7. *Families are entitled to receive preventive and supportive services directed to preserving the family unit.*

Part II of the CFS Act allows for early intervention and support to families. The word "may" is used throughout Part II which is interpreted to mean such services are discretionary. However in contrast, Part III of the CFS Act outlines child protection services and the word "shall" is used throughout this Part. The use of the word "shall" removes discretion from decisions about whether these services will be provided and agencies providing services under the CFS Act are required to provide child protection services in Part III. The Legislation itself, combined with funding structures that requires an agency to take a child into care in order to receive funding to support that child, perpetuates the existence of a reactionary and intervention based service. The principles of the CFS Act, intended to respect and preserve the family unit, are lost.

Despite AJI-CWI, and despite a set of statutory principles that seems to accord with the Aboriginal philosophy, the first response of the child welfare system is often apprehension. Children are separated from family (parents, siblings and extended family) and community and experience loss. They often bounce from one temporary placement to another. At times they are returned to families without necessary (after care) supports and services to restore the family functioning and the cycle repeats itself. Children are re-apprehended several times over until they eventually become permanent wards of the system. They continue to bounce from one placement to another and connection/ties to family and community are severed. The impact on healthy development of children often manifests in troubled, challenging, complex high risk behaviors. In adolescence these behaviors result in criminal activity followed by involvement in the youth justice system. Many youth in youth correctional facilities are also recipients of CFS services. This pattern continues into adulthood. Unfortunately, it is still the reality for many Aboriginal communities.

Despite the focus of the principles in the Act, of respecting and preserving the family unit, there are few resources dedicated to preventing crises or preserving families. A lack of preventative supports and services for struggling families leaves them in situations that will ultimately reach crisis. When a crisis occurs the child is apprehended. Agencies, following the current philosophy of the system, required that the parents complete some short term treatment plan before the child is returned.

This scenario repeats itself and each time the stipulations of the agency became stronger. Each time the scenario repeated, the children were in temporary care and their lives were disrupted. They were split up and experienced separation and loss. Eventually, all children may became permanent wards of the agency.

The reality of this situation is that the resources and concrete supports necessary to assist this family remain together, such in home support, are not available. The current system, albeit delivered by Aboriginal people, still focuses on the inadequacies of parents. This serves to further impede healing or potential for improvement in family functioning.

A New Model

Among the recommendations made by staff interviewed at Aboriginal agencies, resources for prevention and family preservation services topped the list. Several Aboriginal agencies attempt to offer prevention services for their children and families.

Examples of those efforts involve the hiring of 'prevention workers' whose efforts are aimed at developing trust relationships with families and providing assistance to them to address behaviours or issues that might lead to protection concerns. Others include engaging in community efforts aimed at promoting family and community and bringing people together. We also heard about 'healing camps'; wrap around programs designed to work with family and children together.

There are serious challenges however with succeeding in these efforts without adequate dedicated resources. Agencies who have hired 'prevention workers' find that the diversion of resources to this function results in shortfall in other areas and adds to the workloads of front line workers with other responsibilities. Prevention workers will often find themselves fulfilling roles of protection workers and at times having to do apprehensions. This is contrary to the prevention function and defeats the work being done with families in building trusting helping relationships necessary for prevention and early intervention.

Some agencies have taken children into care so they can provide support even when there are no protection concerns. This is sometimes achieved by the use of a Voluntary Placement Agreement, contrary to its intended use. Agencies constantly battle to justify the expenditure of money for things that are not an "approved category" of expenditure. This can even result in criticisms and suspicion of an agency's financial management.

Other impediments can be found in legislation and rules (standards) that prohibit the use of existing resources. Two examples cited were wilderness camps without running water and grandparents who were not allowed to provide foster care because they did not have enough space in their home. The latter example was from a community where the housing shortage is so severe that there can be three generations of a family living in the same small house.

The existing resource allocation structure needs to be changed to accommodate and recognize traditional values and resources.

Conclusion

Aboriginal agencies are using both traditional and non-traditional practices. The protection based model of child welfare has not worked for Aboriginal people in the past and cannot work now.

There are issues impacting the ability of Aboriginal agencies to address child welfare concerns in their communities that are larger societal concerns beyond their control. These include widespread poverty and deficits in physical and social infrastructure. There are communities in Manitoba that lack adequate housing, an adequate supply of clean water, and accessible health care.

These are issues that can and must be addressed as part of the AJI-CWI process. There must be a mechanism to allow, to the greatest extent possible, the incorporation of Aboriginal values and traditional laws that would facilitate the development of alternative standards, policies and programs based on Aboriginal philosophy, culture and tradition.

The CWS should be responsible for the development work necessary for further transfer of responsibilities of the child welfare system to the Authorities. Included in this responsibility will be the requirement to consider the legislative changes that might be required to faciltiate the use of alternatives to service delivery that incorporate Aboriginal values and beliefs. The CWS will be well positioned to research, evaluate and recommend the implementation of alternatives to the interventions that are currently used by the system. Where there are amendments to legislation required in order to accomplish these changes, we recommend that those amendments be made in order to further support the goal of culturally appropriate child welfare services for Aboriginal people. We expect however that the recognition and use of these alternatives would be beneficial not only for Aboriginal people, but for most children and families.

We recommend that the following alternatives be researched and evaluated for consideration by the Standing Committee;

Customary Care

Customary Care refers to the traditional Aboriginal practice of child rearing and care within which all members of the family, extended family, relatives, and community are involved. It has been enshrined in the Ontario CFS Act, which provides the legal basis for customary care policies and procedures. Under these policies, First Nations are partners in the care and well being of children and families. The First Nation participates in decision making for children in need of protection, and, through declaration, they may declare a child to be in the agency's customary care. Under each declaration, the child is placed in the care of the agency under the authority of the First Nation rather than through the court legal process.

Aboriginal people recognize their right to exercise their customs to protect children and provide for their best interests and well being. Whenever a child is found to be in need of protection, an agency should endeavour to respond using Customary Care. The court process should only be used in very serious protection cases and as a last resort when a voluntary agreement cannot be reached.

Customary Care needs to be afforded and acknowledged as part of the continuum of placement options for Aboriginal children. Customary Care is a culturally relevant model of Aboriginal child welfare incorporating the unique traditions and customs of each First Nation. Customary Care is a traditional method of caring for children premised on the belief that a child is a sacred gift from the Creator and as such is the collective responsibility of the community. Customary Care Agreements are utilized when protection concerns in a family require out of home placement.

Mediation in Child Welfare

The Aboriginal community wants to have a role in the delivery of child welfare services to the members of the Aboriginal communities throughout the province. There are communities where

elders participate in decision making and bring the community together to ensure a community response to problems. This model of mediation and holistic problem solving could appropriately be applied to the child welfare system. If the community were given a voice in what the best response might be for a family and children experiencing crisis then the community assumes a responsibility for ensuring the welfare of that child within the child's own community setting.

Some examples of mediation in child welfare currently in use in Ontario are:

Child Protection Mediation

This is a voluntary process in which an acceptable and impartial third party, who has no decision making power, assists disputing parties in voluntarily reaching their own mutually acceptable settlement of issues in dispute. Mediation provides for the direct participation of the parties involved without the presence of counsel. This permits the parties to discuss the problems which face them directly and personally without the barriers created by the structure of the court system.

Legal counsel for the parties are not invited to sit in on mediation sessions. It is believed that it is essential that the parties discuss the issues and develop options for resolution by them. Adding lawyers to the discussions would be considered detrimental to the process outcome as this type of discussion would insulate the parties from the concerns affecting them. Legal counsel are informed by the mediators through letters and phone calls of the progress of mediation at all times. Children may be included in the process if it is appropriate to do so.

Once an agreement is reached, between the parties, the agreement is described by the mediator and sent out to the parties to review. This information is also copied to all legal counsel. Agreements are never signed in the mediator's office, and parties are urged to seek counsel before signing. The agreement is then filed with the court as the plan of care for settlement.

Family Group Conferencing

This is a process in which the extended family group (i.e. nuclear family, relatives, and friends) are actively involved in the long term planning process regarding a child's safety and wellbeing. A family group conference is a culturally sensitive meeting that brings the service providers together with the family network to develop a plan to ensure the safety and well being of children who are at significant risk and in need of protection. The main objective to family group conferencing is to give the extended family group a voice in the decision making process. It is believed that through this inclusive process, that families and professionals will find creative and meaningful solutions to address the child's needs.

Research suggests that the family group conferencing process results in a reduction in the number of children being placed in or remaining in care outside of the family and a reduction in the number of changes in placements. Family group conferencing also supports relationships within the family group thereby increasing mobilization and effective use of family and formal resources. The overall benefit is seen to be the strengthening of connections between children and their family group and between children and their communities.

"Talking Together"

"Talking Together" circles provide an alternative to the court process that frequently results in children being removed from their home community and returns control to First Nations concerning the planning and protection of their children. The "Talking Together" model of alternative dispute resolution (ADR) recognizes the capacity of a kin network to protect Aboriginal children and emphasizes the importance of cultural continuity in placements. The process is a less intrusive method of dealing with family problems and protection issues, alleviating the need for the costly and adversarial family law court system. The participants and community work as a group to resolve issues toward healing.

This method of ADR is based on traditional circles that have always been used by First Nations and should be used to assist agency workers to help restore harmony to families and community. By bringing people together to discuss family problems in a non-judgmental way, a plan will emerge which has the support of the community. The circle is composed of family members, frontline support workers, agency representatives, community elders and Band Council representatives. The process requires that the group, look at who has been affected by the problems the family is experiencing and then requires that the group work together on a plan to repair the harm. The agreement that emerges from the process is the basis for the Plan of Care that is filed with the court.

Family Based Permanency Planning or Alternative Placement Options

Kinship Out of Care is a placement option if a child is unable to remain in the family's care. Placement could occur under a Voluntary Agreement with kin, or as part of a Supervision Order and/or as an agency temporary placement pending the initial court hearing. Where a child is in need of protection and cannot be cared for by their own family, then the family, or another party may propose that the child be placed privately with another family or community member as an alternative to being admitted into care. This is an out of care kinship placement arrangement and it can be a very appropriate and less intrusive response to providing agency care for a child in need of protection. However, the agency has a responsibility to ensure that a child placed in an out of care kinship placement will be safe and an assessment to determine the capacity of the caregivers to care for the children is conducted

The purpose of the placement could be working toward reunification of the child with the family and/or permanence with the kin family through legal custody. In addition, financial assistance may be considered to supplement the provincial general welfare income; and additional funding for staff support to kin may be provided.

An alternative to court processes should be considered to improve the timing of permanency planning for children where that is the necessary direction to be taken. Alternative dispute resolution mechanisms:

- require agencies to consider ADR before and during proceedings
- allows the court to adjourn a proceeding, on consent, to begin an alternative dispute resolution process
- provides for the use of ADR on applications to carry or terminate openness orders where a child has been placed for adoption or after an adoption order has been made.

At any time during a proceeding under this section, the court may, in the best interests of the child and with the consent of the parties, adjourn the proceedings to permit the parties to attempt through a prescribed method of alternative dispute resolution to resolve any dispute between them with respect to any matter that is relevant to the proceeding.

Legal Custody is an option to provide legal guardianship of children to a parent, kin, community member or foster parents. The agency could make application for the custody order under the child and family provincial court system. The child would be discharged from the agency's care to the permanent guardian's care and would maintain care and maintenance support eligibility after the legal age of 18. The agency may provide a subsidy and provide post placement support.

Kinship in Care allows the court to order the child into the care of the agency. The child is placed with kin. Specialized supports are provided if required and a foster care per diem is paid. There will be some flexibility in the home study and licensing standards. This provides a viable placement for children in the short term. Permanency considerations for children in long term foster care include: improving financial support to adopt and/or assume legal custody of children in their care; strengthening foster care initiatives, including improved training and support for foster parents; home study and licensing flexibility; funding flexibility to invest in improved supports to foster homes (children's mental health, respite and educational supports).

Furthering Authority Responsibilities

In our discussions around the creation of the CWS, we identified that the process of transferring the child welfare system to the Authorities is not yet complete. The system requires time to stabilize after the transfer process. Once this has occurred there are further changes that we believe would be useful to the system and would further the responsibility for and control of the system by the Authorities.

The Chief Executive Officers should ultimately have all the responsibility for the child welfare system that currently rests with the Director of Child Welfare.

The Chief Executive Officers should discuss the financial benefits that could be obtained by creating protocols for purchasing services from one another or allowing agencies to purchase services from one another where it does not make sense to have more than one small office in a location in the province. This would have to be done in a way that would allow the purchasing agency to direct how it required care to be provided in order to ensure that the cultural needs of the child were respected and provided for as monitored by the purchasing agency. If this occurs as a change in service delivery expectations in the future, any savings realized must be redirected to other needed services, and not result in a budget reduction from the government.

This review has been conducted at a time when the AJI-CWI process has not yet stabilized and the Authorities are working to establish their systems within the role and responsibilities outlined in the CFS Authorities Act.

Because of the provincial scope of JIRU the Authorities should consider whether there should be an amendment sought to the CFS Authorities Act to allow the mandate of JIRU to rest centrally

to avoid another layer of governance between the management of JIRU and the CEOs of the Authorities.

VIII FINDINGS OF THE CHILD WELFARE REVIEW

Oversight of the Child Welfare System

The Existing Structure

There are currently both internal and external oversight mechanisms in place to examine the circumstances surrounding the death of a child who is or has recently been in the care of a child welfare agency in Manitoba.

For matters other than the deaths of children, there are two independent officers of the Legislative Assembly, the Ombudsman and the Children's Advocate, who can and do receive and investigate complaints about the child welfare system.

Internal Oversight

Pursuant to Section 4(2)(c) of the CFS Act the Director of child welfare may conduct enquiries and carry out investigations with respect to the welfare of any child dealt with under the Act. The Director may also delegate this authority.

Pursuant to the Child and Family Services Authorities Regulation the four Authorities also have the power to make enquiries and conduct the investigations contemplated by clause 4(2)(c) of the CFS Act.

Section 4 Reviews

Enquiries and investigations by or on behalf the Director (Section 4 reviews) can be comprehensive and valuable. The Director has the authority to gather all of the information necessary to assess the service provided by an agency and to make recommendations with the expectation that such recommendations will be implemented. However, this review found that there have been very few Section 4 reviews and they appear to have been of limited value in addressing some of the systemic issues identified in other reviews. The recommendations arising from Section 4 reviews are not forwarded to an external body such as the Ombudsman, as is the case with inquest recommendations, so there is no external oversight or monitoring of the compliance with Section 4 recommendations.

External Oversight

Provincial Judge Inquests

Pursuant to section 19 of *The Fatality Inquiries Act* the Chief Medical Examiner may direct that there be an inquest into the death of a child (or an adult), and the inquest is conducted by a judge of the Provincial Court.

Inquests under the Act are open to the public, although there is provision allowing for certain parties to ask the judge to conduct all or part of the inquest "in camera."

After completion of an inquest, the presiding judge sends a written report of the inquest to the Minister. In their reports provincial judges may, pursuant to Section 33 of the Act, recommend changes in the programs, policies or practices of the government and the relevant public agencies or institutions or in the laws of the province where the presiding provincial judge is of the opinion that such changes would serve to reduce the likelihood of deaths in circumstances similar to those that resulted in the death that is the subject of the inquest.

Inquests conducted by judges of the provincial court are public and their reports are forwarded to the Ombudsman who then inquires of the department what action has been taken to implement the recommendations of the inquest judge.

Very few of the deaths of children in care result in an inquest, and, while provincial judges can make recommendations for systemic change, the focus is often on the circumstances of a particular death.

Independent Officers

The Ombudsman
Under *The Ombudsman Act,* the Ombudsman investigates complaints about the administration of government to determine if citizens are being treated fairly and equitably in accordance with provincial law and policy. While the Ombudsman can and does investigate complaints about child welfare, those investigations are limited by statute to matters of administration.

The Children's Advocate
The Office of the Children's Advocate was created specifically to address the concerns of children in the child welfare system. Its independence from the system is assured by virtue of the Advocate's status as an independent officer of the Legislative Assembly.

The Advocate performs a dual role: investigating complaints about services available or provided under the CFS Act; and representing the rights, interests and viewpoints of children.

The Advocate may report on and make recommendations concerning any matter relating to children who receive or may be entitled to receive services from the child welfare system, or the services provided or available to children under the CFS Act.

Public Scrutiny
During the course of this review numerous people working in the child welfare system noted that in addition to the complex multi-layered oversight structure described above they are subject to the scrutiny of both the political leadership and the media. While this scrutiny is a legitimate exercise in the public interest, there is a concern that it often occurs in the absence of sufficient knowledge about the system to establish an appropriate context for complaints or inquiries. As well, legitimate concerns for the privacy of children, families, and workers can result in analyses and conclusions that are based on incomplete or inaccurate information.

Chief Medical Examiner

The Fatality Inquiries Act – Section 10 Reviews

The Office of the Chief Medical Examiner is not part of the Department of Family Services and Housing. It operates administratively under the Department of Justice and performs certain duties and functions assigned by provincial statutes.

When the Chief Medical Examiner receives a report of the death of a child who, at the time of death or within year before the death, was in the care of a child welfare agency (or had a parent or guardian receiving services from a child welfare agency) he conducts a review of the services provided by the agency.

Pursuant to section 10 of *The Fatality Inquiries Act* "the Chief Medical Examiner shall assess the quality or standard of care and service provided by the agency by;

(c) examining the records of the agency respecting the child and the parent or guardian; and

(d) reviewing the actions taken by the agency in relation to the child and the parent or guardian."

Upon the completion of such an examination or a review the chief medical examiner immediately submits a confidential written report to the minister charged by the Lieutenant Governor in Council with administration of the CFS Act. By law, these reports are confidential. However, each year the Chief Medical Examiner prepares a summary of the recommendations contained in his reports to the Minister and includes that summary in his annual report, which is made public.

The review process of the OCME under section 10 is by far the most comprehensive oversight mechanism with respect to the deaths of children in care. Although these reviews are triggered by the death of a child, the scope of the review is an assessment of "…**the quality or standard of care and service provided by the agency**" and allows the OCME to identify both individual and systemic concerns and to make recommendations to address these concerns. Unlike inquests and director's reviews, Section 10 reviews are mandatory in every case falling within the statutory parameters.

A February 2001 report by a Working Group struck by Manitoba Justice to examine operational and structural concerns with the Section 10 process noted that the process had come about as a result of a 1987 report by Professor Grant Reid and Dr. Eric Sigurdson. The report described the intent of the process in this paragraph:

> "The Reid-Sigurdson review of 1987 described an expectation that case reviews of child deaths would be concise and of educational value. Section 10(1) was intended to produce reports which were timely, concise, and which would make recommendations to improve services. The historical intent of these reviews under Section 10(1) was that they be widely available to maximize their educational value and promote improvements rather than to lay blame…. The CME's conclusions about the quality of service provided are referenced to the provincial standards for child welfare services in Manitoba. The reports do not name specific workers or supervisors. In making recommendations to the Minister of Family Services and Housing, the CME addresses case specific issues as well as systemic issues."

The Working Group noted that prior to the Section 10 process

> "...investigations had been conducted by the Department of Community Services (now Family Services and Housing) which funded the agencies and was responsible for the overall implementation of provincial program standards in child welfare work. Concern was expressed about the important matter of inherent conflict of interest, as well as the practice of investigating the deaths of children in care by the Department whose staff in 1987 had little training in the investigation of deaths. As a result, it was recommended that this responsibility rest with the Chief Medical Examiner (CME) whose staff would review the services provided by the agency in question."

Concerns Reported in 2000

The review process proved effective in identifying concerns with the system. In a submission to the Working Group in 2000 the OCME identified areas of concern based on reviews conducted to that point. The issues identified and the comments of the OCME are set out below, in part:

Risk Assessment

- Risk assessment not completed;
- Risk assessment instruments modified or used for other purposes;
- Agency policy being given primacy over finding of elevated risk.

Family Assessments, Social Assessments, Social Histories, Transfer Summaries and Discharge Summaries

- No organized history of the family upon which to base decisions and/or no assessment of the family's strengths and weaknesses to inform effective treatment plans;
- Episodes of abuse or neglect become "lost" in the file or do not survive the oral transmission of history that may (or may not) occur when a file is transferred;
- Children discharged from care without any assessment of whether the reasons for which they came into care had been addressed;
- The use of VPA's for cases where there are clear protection concerns;
- The lack of family or social assessments, social histories, transfer summaries and termination summaries.

Training and Practice Issues

- Lack of history and assessment complicated by inadequate supervision or assigning of high caseloads to both workers and supervisors. This may make it difficult for supervisors in some Agencies to teach assessment skills to undereducated or inexperienced workers. It also leaves less time for regular case supervision, creating a crisis management environment where, appropriately, the cases where children are at imminent risk of harm receive first call on the supervisor's time;
- The failure of workers and supervisors to maintain the protection mandate with the accompanying regulations and casework standards.

Maintaining Complete and Accurate Records

- Workers have not recorded actions taken or information received in the course of an investigation or their work with a family. Gaps in files suggesting that either no contact

was made (despite plans to monitor closely) or that no record was made of contacts that occurred;
- Information is recorded without any accompanying assessment or link to current or future intervention plans;
- Abuse investigations either did not occur or the results of completed investigations were not recorded in the file. While this is a recording issue, it also speaks to the quality of supervision and processes and procedures for ensuring that investigations are completed and the results appropriately reported and utilized.

Service Plans, Implementing Service Plans and Measuring Outcomes

- A lack of planning, relevant service plans, implementation and outcome measurement is a frequent theme.

Licensing and Monitoring Foster Homes

- This theme deals with concerns about children in care and the use of poorly studied or unstudied (and sometimes unlicensed) foster homes. Without a thorough home study at licensing, the Agency has no way of knowing whether or not the child is living in safe and nurturing environment. When a prospective foster parent has a criminal record, an Agency may accept the candidate's assurance of his/her changed functioning without more detailed investigation. In one homicide that will be reviewed at inquest, the foster mother had a conviction for assault while the foster father had convictions for alcohol-related driving offences.

- Situations in which well-intentioned citizens are providing care to Manitoba's most vulnerable children, without learning of the effect of abusive and neglectful parenting on children's behaviour, places both children and foster families at risk.

Monitoring Children in Care

The monitoring of children in care is regularly a subject of recommendations. Records of contacts with children in care are frequently sketchy. The requirement in the Program Standards Manual 1988 that the worker have regular, in-person, private contact with the child was seldom met in the cases reviewed. In the case of young, vulnerable children, the worker routinely accepted the foster parents' evaluation of the child's comfort without noting his or her own observations.

Many of the issues identified by the OCME in 2000 reflected the very concerns noted previously in the Reid-Sigurdson report that gave rise to the Section 10 process.

Our Review of Section 10 Reports

For the purpose of our review we examined the recommendations contained in over 250 reports prepared by the OCME during the last five years. As well, we reviewed the compilations of recommendations by theme published in the Annual Report of the OCME for the past five years. Based upon our review of Section 10 reports from 2001 to 2005 we identified the following themes:

Case Management Issues

- Failure to complete necessary safety or risk assessments;
- Failure to develop plans to "...foster effective parenting while ensuring the safety and well-being of the children at risk";
- Creating the same unsuccessful case plan over and over;
- Absence of any evaluation of outcomes;
- Children being returned to situations of risk despite the fact that concerns/issues have not been addressed;
- Failure to complete family or social assessments that would provide the basis for an analysis of family's capacity to parent or deal with specific needs of children. Described as "...a critical part of creating a plan which is both realistic and workable";
- Failure to act promptly in response to concerns about physical abuse;
- Failure to investigate abuse disclosures. Incomplete abuse investigations (do not contain conclusions);
- Failure to protect children from parents and others already on Abuse Registry;
- Failure to report all instances of sexual or physical abuse to proper authorities (police, committees established to make referrals to the Abuse Registry, professional bodies);
- Failure to assess the needs of minor parents;
- Files closed contrary to Standards despite outstanding issues or proper process of notification;
- Failure to consider the effects on children when exposed to family violence;
- Failure to consider the impact and implication of long tern neglect on children when making decisions to return children to parents;
- Files closed without notifying collaterals;
- Failure to consider verbal or emotional abuse under s.17 of Act;
- Pre-mature referrals to avoid providing service;
- Failure to recognize homelessness and poverty as protection concerns;
- Failure to recognize neglect and failure to provide care as a protection concern;
- Diversion process. Masked as "working with the community." Referring child welfare concerns to non-mandated agencies.
- Inconsistent response across the system. Can depend on who is contacted, but can also vary from agency to agency and can change within agencies as programs come and go. Best example might be services to 16-18 year olds.

Voluntary Placement Agreements

- Using VPAs in circumstances where statutory conditions not met;
- Using VPAs as a means of providing funding/service.

Foster Care Placements

- Placing children in homes where licences are pending because investigations and documentations have not been completed;
- Foster homes not operated in compliance with standards.

Transfer/Referral Issues

- Not alerting another agency of child protection matters when families move from one jurisdiction to another;
- Failure to meet Provincial Case Management Standards relating to "Requests for Service";

- Failure to provide history and reasons for request for apprehension.

CFSIS Issues
- Not all agencies/workers using system;
- Significant information missing from system.

Documentation
- Program standards not met; absence of opening summaries, social histories, assessments or quarterly summaries. Many instances of contact documentation missing. Gaps in files. Critical documents missing.

Training
- Lack of assessment skills.

We then compared the recommendations and common themes from the 2001 - 2005 OCME Section 10 reports with the themes set out in the December 2000 OCME submission to the Working Group.

The issues and concerns identified in both periods of time are consistent with the issues that were raised with us in the course of the review. These issues and concerns result from larger systemic issues such as inadequate resources and excessive workloads. Inadequate resources for staff training or excessive workloads may result in inadequate assessments and an inability to meet the provincial standards. Concerns about inadequate file documentation are related to workload but are also directly related to the problems with the automated information systems described elsewhere in this report.

Addressing theses concerns promptly can help reduce the risk to children in the system. Resolving the larger systemic issues is essential to creating the solid foundation necessary to prevent the deterioration of the system feared by people working in the field throughout the province.

The Problem

Although the OCME is external to the child welfare system, once the review is complete and the recommendations are made, the oversight process becomes internal.

By statute the Section 10 reports and recommendations are forwarded to the Minister. The Minister's office forwards the response to the Director. Historically the Director forwarded the recommendations to Agencies for a response. Since the passage of the CFS Authorities Act, the Director sends the recommendation to the appropriate Authority, which in turn sends it on to the Agency for a response. The Agency response is then sent back to the Authority who reviews the response and, if satisfied, sends it back to the Director. The Director, sometimes in consultation with the Authority or Agency, determines whether the response is adequate and, if so, no further action is taken. There is no external scrutiny to ensure that the OCME recommendations are implemented.

The flaw in this process is that the assessment of whether an Agency's response to the OCME recommendations is adequate is done by the Branch. More specifically the problem lies in the

fact that the Branch's analysis is done within the context of existing system problems such as inadequate resources and excessive workloads. As well, the Branch is in the difficult position of being the oversight mechanism for the system with respect to compliance, while at the same time being a system partner and a resource for Authorities and Agencies alike.

There must be a compliance mechanism external to the child welfare system. That mechanism must be separate from the investigative review process currently undertaken by the OCME under *The Fatality Inquiries Act* or by the Director under the CFS Act. All reports on the death of a child should receive independent scrutiny to ensure that the recommendations made are implemented, or are given due consideration and the appropriate action taken, regardless of which form of review is conducted.

Concerns with Process

During the course of the review a number of other concerns were raised with the Section 10 review process. Although the Office of the Chief Medical Examiner continues to perform its reviews with professionalism and independence, it has done so under increasingly difficult circumstances.

A lack of resources has often prevented the reviews from being completed in a timely manner. Specifically, the volume of work and the complexity of the reviews contemplated by Section 10 of *The Fatality Inquiries Act* requires more staff than has ever been made available. An initial backlog impeded the process for many years. This problem has been ongoing and was first identified in a report prepared by a senior staff member of the Branch in 1999. More recently, the lack of resources has prevented the OCME staff from doing the on-site investigations necessary for them to fully appreciate and report on the context in which agencies had provided services to deceased children and their families. This context includes the harsh realities of service delivery in isolated communities suffering from tremendous individual poverty and staggering social and physical infrastructure deficits. It also includes the very real gap between the realities of service delivery and the requirements of provincial regulations and standards that are seen in many communities as unattainable and in others as culturally inappropriate.

The absence of this c ntext in the written reports of the OCME has created an intractable disagreement between the OCME and at least one Aboriginal agency that has for five years declined to forward its files to the OCME, insisting instead that OCME investigators must examine the files on site, even though it is aware that there is no budget for such travel. Neither the Child Protection Branch (the Branch) nor the newly created Authority responsible for the agency in question has been able to resolve this impasse. This situation must change. Other Aboriginal agencies interviewed in the course of this review support the position taken by this agency but have not yet adopted its position.

The review team fully understands and accepts the position and supporting rationale of the agency. At the same time we understand that resolving the impasse by expending the necessary resources is completely beyond the control of the OCME, whose budget comes from Justice, not Family Services and Housing.

Many agencies' staff expressed a concern that the review was restricted to examining the services provided by child welfare agencies. We were advised that services provided by other

agencies, or the absence of those services, may well have affected the quality or standard of care provided by the child welfare agency. Again, the inability to sometimes consider the impact of collateral resources, or their absence, was seen as a missing piece that resulted in unfair judgment of an agency. We learned that while this has always been a concern it is one exacerbated in recent times by the shrinking collateral resources available to child welfare agencies and the deteriorating relationships with collaterals based on the perception that child welfare agencies can no longer fulfill their mandate.

The 2001 report of the Justice Working Group on the Section 10 process identified the issue of examining collateral services under the category of future developments and stated:

> "There is no provision to look at what other systems (child mental health, probation, the educational system) have or have not done. Their records are not subject to a Section 10(1) type of review in spite of the sometimes critical contribution they make to a child's outcome."

The co-chairs agree that the collateral resources available to child welfare agencies and the relationships between agencies and collaterals should be considered in a Section 10 review. The statutory authority for the section 10 reviews should be expanded to include any necessary examination of the records of or actions taken by any other agency in respect of the child or his or her family.

Another concern identified by the review was the widely held misconception that the purpose of the Section 10 review was to determine if the actions or inactions of an agency caused or contributed to the death of a child in care. This was not the stated purpose of Section 10, nor is it reflected in the wording of the section.

The belief that a Section 10 review is designed to find fault or assign blame in the death of a child has added to the trauma of child welfare workers already coping with loss while they continue to provide services to grieving families. At the same time, Section 10 reports have been criticized for dealing with matters not related specifically to the death of a child.

In a submission attached to the February 2001 report of the Working Group the former Children's Advocate proposed that the section be changed to expand the purpose of the reviews to include:

> "...assessing the quality and standard of all services provided to the child, or to his or her parent or guardians, including but not limited to services under *The Child and Family Services Act*, and including but not limited to services that were provided by, or which ought to have been provided by an agency as defined in *The Child and Family Services Act,* that may have directly or indirectly affected the quality of life of the child and/or the child's parents, guardians or siblings, or which may have caused or contributed either directly or indirectly to the death of the child."

This review has concluded that attempting to identify specific actions or inactions that may have caused or contributed directly or indirectly to the death of the child is not consistent with the original intent of the Section 10 review process. There would be more benefit to the system, and a greater likelihood of fostering the kind of cooperation needed to make the exercise educational,

if the reviews looked at policies and practices that might be improved so as to ensure greater safety for children.

To clarify the intent of the process and to ensure it has the most beneficial impact the wording of Section 10 should be changed to include the power "to inquire into the circumstances surrounding the death and make recommendations to prevent similar deaths in the future."

Several of the issues raised during this review; the timeliness and scope of the Section 10 reviews; the need for on site investigations; and the use of the process as an educational tool, all relate to the funding of the process. Funding is related to jurisdiction and location.

An appropriate location for the Section 10 review process was one of the issues addressed in the February 2001 report of the Working Group established by Justice. The Working Group identified the key principles in considering the best location for the responsibility for section 10 reviews as follows:

i) independence of office (no conflict of interest);
ii) knowledge of subject matter;
iii) capacity to work intersectorally across disciplinary lines;
iv) preparedness to sign off a document in which some work has been done collaboratively; and
v) appropriate statutory power to access all relevant information.

The Working Group identified options to consider with respect to the location of responsibility for the Section 10 reviews. As the Working Group noted, the Office of the Chief Medical Examiner was chosen for this role because the CME had the authority and expertise to investigate deaths and would be seen to be objective and independent of the system.

The location of the Section 10 process remains an issue. The scope and focus of the review is not typically a matter for a Medical Examiner. Although the reviews are triggered by the death of a child the review itself is more about the practical workings of and identifiable deficiencies in the child welfare system. The process itself was described by the Working Group as intended to be "a systematic inquiry into the services provided to deceased children and immediate family who have had child and family services involvement."

Although determining the cause of death will always be a matter for the Chief Medical Examiner, moving the Section 10 process would not impact this function.

In light of purpose of the Section 10 process, this review has concluded that funding it through the OCME, an office of the Department of Justice, is unreasonable. It is a cost that will increase with the necessary improvements identified by this review and is a cost that should be borne by the Department of Family Services and Housing.

When the Office of the Children's Advocate (OCA) was created, it operated within the child welfare system. It has subsequently become an independent office of the Legislative Assembly. The OCA is now clearly independent of the child welfare system. Considering the key principles set out by the 2001 Working Group report, stated above, this review has concluded that the OCA would be a better fit than the OCME.

In light of that conclusion we have considered two further issues with respect to the process. First, could the dual role of the Children's Advocate as both investigator and advocate result in situations where the office would be in a conflict of interest. Second, if the OCA were to perform the Section 10 review function, should it also perform the compliance review function that is currently with the Branch, but which we have concluded must be done externally?

The issue of possible conflict of interest, which was raised by a number of people during this review, was addressed in a proposal by the Children's Advocate (CA) attached to the 2001 Working Group report. The CA acknowledged the possibility of conflict but concluded that it would occur infrequently and could be addressed by stating the conflict to service providers, and referring the matter to an outside independent body to conduct the review. This review endorses that proposal. As well, if the Section 10 function is moved to the OCA it should operate as separate division of the OCA charged with that single function.

We recommend that *The Fatality Inquiries Act* be amended to remove the responsibility set out in Section 10 from the Chief Medical Examiner and amend the CFS Act to include the responsibility under those duties and responsibilities of the Office of the Children's Advocate (OCA).

We recommend that the necessary amendments be made to the CFS Act, to require the OCA to inquire into the circumstances surrounding the death, and make recommendations to prevent similar deaths in the future. These amendments should ensure that the OCA is provided with access to all records held by government that relate to collateral services provided by government, regardless of which department.

We recommend that the staff, staff years, salaries and operating funds be transferred from the CME to the OCA and that those staff become a separate division within the office of the OCA to ensure that they are not investigating complaints. Further, we recommend that two additional full time permanent staff years, and necessary salary and operating funds be allocated to the child death review division of the OCA.

On the issue of monitoring compliance, we found no reason to add this function to the body or agency charged with performing the Section 10 reviews. It would be no more appropriate for the OCA to review compliance with its own recommendations than it would the OCME. The investigation of the standard and quality of care provided by an agency based on file reviews, staff interviews, and an analysis of standards and policies is different than a review to examine whether the Section 10 recommendations have been accepted and implemented. That is more a matter of administrative accountability.

To have the compliance review conducted by the same body conducting the investigation and issuing recommendations would be unfair to the bodies, agencies, authorities, Branch or department required to respond to the recommendations and make and justify decisions about implementing those recommendations. It might also limit the ability of the Section 10 process to become a more useful educational tool which would require a collaborative effort with the agencies.

Scrutiny of the system's compliance with Section 10 recommendations can be achieved by following the process in place for determining compliance with the recommendations made by

judges of the provincial court at inquests. The judge's recommendations are sent to the Ombudsman who reviews the reports and then asks the appropriate department what action has been taken to implement the recommendations.

With the amendments to *The Fatality Inquiries Act*, the CFS Act should also be amended to require that reports concerning the death of a child be submitted to the Ombudsman for review and follow up to ensure the implementation of recommendations. *The Ombudsman Act* should mandate the Ombudsman to submit a separate report (apart from the annual report) to deal solely with the deaths of children. It should include the recommendations made, the action of the Department to implement those recommendations, or an explanation why those recommendations will not be implemented. The report should be made public, without identifying either the families of the deceased child or the workers providing service to the child's family.

The changes proposed above would ensure that the Section 10 review process is an "external" oversight mechanism. A published annual report on compliance would make the system's handling of its identified problems a more transparent process.

We recommend that the reports of the investigations into the deaths of children conducted by the Office of th. Children's Advocate, forwarded to the Director and Authorities, also be forwarded to the Ombudsman to determine what action has been taken in accordance with the recommendations made.

We recommend that *The Ombudsman Act* be amended to require the Ombudsman to submit a separate annual report to the Legislature on the results of investigations of the system's compliance with recommendations made by the Office of the Children's Advocate concerning child deaths.

Compliance with Standards

The CFS Act sets out the requirements for the Director of Child Welfare to develop standards for child welfare service and practice in Manitoba under subsection 4(1) (Appendix 5). The CFS Authorities Act sets out the requirements for the Authorities to develop culturally appropriate standards, which are to be consistent with the provincial standards, under Section 19 of the Act (Appendix 12)

Provincial Standards are the minimum requirements that all agencies must meet in providing services. The provincial Standards regulate the manner in which each agency administers the provision of service, but are not entrenched in legislation. The Authorities are responsible for the development of culturally appropriate standards for their respective agencies which are to be consistent or surpass the provincial standards. When established, these standards will apply to the agencies under each Authority.

Following proclamation of the CFS Act in 1986, the province developed and implemented the Program Standards Manual (1988) PSM. This set of standards, which are also referred to as the provincial or foundational standards or "PSM", provided statements about the required provincial standards and procedures under the Act. The manual stated that, "the procedures are either recommended or required; depending on legal and administrative considerations." The

manual covers the broad practice and administrative areas of program administration, services to families, child protection, and children in care, adoption and inter-jurisdictional coordination.

The Branch indicates that the current requirements for minimum standards of child welfare practice are to be found in The Child and Family Service Standards Manual (2005) (the manual), which are the revised provincial or foundational standards, published on-line. The Family Services and Housing website, children and families channel introduces the current standards format and defines standards within child welfare as follows:

> The provincial standards in this manual are compliance standards that describe a minimum level of performance expressed in precise, measurable terms. They are mandatory minimum requirements for the delivery of child and family services (including adoption services) to be used as a basis for service delivery and quality assurance. (Family Services and Housing 2005)

The manual will include standards specific to agencies, facilities, the Branch and the Authorities. To date there are no Branch or Authority standards. With regard to the standards for agencies, the Case Management Standards which guide the general process of intake to service completion are complete and are a requirement for agencies. The service areas of Services to Families, Child Protection Services, Children in Care, Foster Care, Adoption Services, portions of Service Administration and Agency Administration remain under revision and/or the expectation is that a 1988 standard is the requirement for the agencies to follow. The Branch continues to revise and update the Standards and this is chronicled in a work plan document entitled "Revised Draft Outline for Standards Manual" (Appendix 13) which indicates the specific standards that have been revised and implemented as of 2005 and 2006, are in draft form awaiting full implementation or specifies the areas of practice where the existing standard remains as per the 1988 PSM.

There is also Branch documentation from 2001 to the agencies, and comments in some Section 10 reports indicating that a third set of standards, the Draft Case Management Standards of 1999, were also provided to agencies across the province. The Branch confirmed for our office that these standards are not a current requirement.

Nevertheless, based on information received by agencies in the course of the Review, there are at minimum 3 formats of standards which may be in use in whole or part by agencies across the province, causing inconsistency in service delivery, administration, compliance and training. In its introduction to the current set of standards, the Department acknowledges the varied sets and formats of standards:

> Existing provincial standards are currently in various manuals. The format and content of these manuals vary. (the manual)

Given these various manuals and formats of standards, our review found that many workers and supervisors were confused about which format of standards are the current provincial requirement for minimum practice and moreover which specific standards are required in particular practice areas. Most workers and supervisors advised us that they had not received training with regard to the current required standards and no training or orientation following implementation of the current standards provided by the Branch.

Publication and availability of the manuals across the province were also found to be a significant barrier to workers' ability to follow the standards. There was seen to be a lack of availability to copies of the 1988 PSM which we were told is no longer in publication. The 2005 or "current" standards which are posted on the website of Family Services and Housing requires access to the Internet and usage is hampered in agencies where connectivity issues with the Internet prohibit or restrict usage.

We note that the province, in the introduction to the standards on-line, acknowledges that the formats and revisions of manuals "have not been consistently updated and distributed." In our site reviews with staff of agencies, relatively few frontline workers have copies of the 1988 PSM and many did not have access to the Internet standards. Further, many staff interviewed noted that although the on-line standards could be printed and distributed off the Internet, the hyperlinks imbedded in the standards (or cues for a reader to look elsewhere in the standards for a related topic) were difficult to maneuver both on and off-line.

In summary, the majority of workers we spoke to identified significant barriers to meeting the provincial standards, in particular due to the varied formats of standards, access issues and a lack of availability to the manuals, as well as the absence of training and orientation to standards. Other significant factors were found to impact on achieving standards, and these will be discussed further in the workload and service delivery areas of the report.

We recommend that the provincial standards (foundational standards) to ensure the safety of children be applicable in all situations throughout the province and be completed as a priority.

We recommend that every worker in the province receive training on the foundational standards.

We recommend that the foundational standards be published online and that every agency office and sub office receive a manual containing the standards as well.

We recommend that no standard be implemented without the opportunity for meaningful comment from front line protection workers representing each authority.

Information Management

Child and Family Services Information System (CFSIS)

The Child and Family Services Information System (CFSIS) was to be a province wide electronic system that could be consulted to obtain information about children and families within the system. This is especially important due to the transience of a high number of families in the system. At this time, agencies do not have the capacity to access information on families who have been involved with other agencies beyond some basic demographic information.

Many agencies are not using the system because their community does not have the technological capacity to allow its use, the agency does not have the necessary equipment to run

the system or the agency has developed its own system. Regardless of the reason, CFSIS is lacking significant amounts of information.

If CFSIS is to be the province wide electronic system, then the province needs to ensure that all agencies and sub-offices across the province be funded for hardware and operating costs, and staff must be trained in utilizing the system.

Agencies without CFSIS access reported that they send their paper work to their head office for input on CFSIS. However this takes time as there is often only one person responsible for this function.

Staff advised that inputting data on CFSIS is time consuming and cumbersome. Some users circumvent mandatory windows when they do not have information available by inputting "dummy information". The workers said they do not have the time to obtain the necessary information to complete the fields in order to take the next action required by the system. They were concerned that windows must be completed before closure but require information that is often difficult for workers to obtain. It was suggested that these windows be deleted from the system as they result in files remaining open after service has ended and often the information required is not relevant. An example, was given that information on how children are doing in school, or fields on children who are demographically part of the file but not receiving service, must be completed in order to close the file. As a result files remain open on the system only because the information needed to close the file was unavailable.

When information has been entered onto CFSIS and is accurate, if a file is opened on the same family in a new agency the only information available is that another agency was previously involved.

We heard examples of permanent wards who are siblings being separated because workers did not have access to information. It is a concerning possibility that a worker may not know that a child has other siblings elsewhere in the system. We heard a story of a sibling who did not know they had a sibling until they coincidently ended up in the same foster placement. If CFSIS were available and used province wide these situations should not occur.

Because there is no ability to obtain information on files in another agency on the electronic system, the worker would have to call the agency who "owns the file". This has a profound impact on the time of intake workers who need to have quick access to information about the family.

As it currently exists, CFSIS appears to be an impediment to communication between workers. Workers are relying on the system to contain the information they need. Unfortunately it is not always available and if it is available, it may not be accurate. Agencies do not have access to Winnipeg CFSIS for historical background on children and families whose files were transferred in the AJI-CWI process. That information is essential for the staff assuming responsibility for ongoing service.

CFSIS was intended to provide front line staff with more time to work directly with clients. However, it was reported that it causes workers to spend more time on the computer. Although workers received training on CFSIS, many agencies do not have the necessary access or

hardware. Some areas only have dial up service which significantly increases the time it takes to input information on the system. If something interrupts the connection, workers need to begin the inputting process again.

A province wide electronic system should be capable of being used as a tracking system with timely, accurate and basic demographic and contact information. It should have warnings attached for adults/youth who pose a threat to the child or family. If the CFSIS system were streamlined or made compatible in this way it would be easier to use and benefit all agencies in their service provision.

Intake Module

All child and family services agencies must use the provincial automated Intake Module for services to families and child protection interventions under the CFS Act. Agencies must use the module:

- for all new referrals
- when they receive a report that a child is in need of protection regardless of the status of the case (open, closed or new)
- upon receiving new information that causes a worker to believe that a child is in need of protection

Each Authority is required to submit an annual operating plan to the Branch in regards to intake and use of the intake module is mandatory. The problems being experienced by staff on CFSIS are duplicated in the Intake Module. However, greater systemic problems are created by this module because of the limited access to it and the difficulty of completing the fields as required. This is a system not in use province wide and therefore of limited use in terms of tracking where cases are when at intake, and not transferred. The Intake Module was introduced at the same time as AJI-CWI, adding to the overwhelming change and challenges for workers in the system.

Some agencies are not using the module or CFSIS because they do not have:

- internet access
- appropriate computer equipment
- time to complete all the required fields
- information to complete all the required fields
- staff trained on the use of the module

The Intake Module creates more administrative work that takes away from the time that the workers need to spend dealing face to face with the children and families.

Some sub offices of agencies do not enter information into the Intake Module, but rather record the information that is then sent to head office for entry into the automated system. Backlog at the head office results in inaccurate information remaining on the automated system until the head office personnel has time to update. Closed files may still be on the Intake Module because the supervisor has to close. It can take months to have files officially closed on the Intake Module even though they are closed on paper.

The Intake Module only allows brief case notes which cause workers to obtain more minimal information. The format does not encourage people to gather information or assess more fully, and in general not enough intake information across the system is being gathered. It is much harder for the supervisor to feel confident that a thorough assessment has occurred when signing off intakes. If more information were required there is no format or process to record this information. The result is that the receiving agency gets the intake from Joint Intake Response Unit (JIRU) or the Designated Intake Agency (DIA) and the case worker has to go back and essentially redo the intake and gather the required information.

It is the function of intake to assess the complaint before it is determined how it is classified. The module requires you to classify or categorize, and if the worker picks a category that does not reflect the situation found in the field then the worker must go back into the system make the change and justify it.

The categories for the Intake Module do not always fit. For example there are only 3 options for concluding a case. A worker may be investigating a case with more than one allegation and the module will allow only one conclusion. As a result the worker has to pick one option to close the file and document the other outcomes.

The Intake Module requires referrals to be categorized and based on the chosen category further action is directed. The Intake Module does not allow for an assessment to verify allegations. For example, maltreatment windows require an identification of an abuser in the intake module. This creates problems particularly in regards to sexual behavior between children as you would have to choose a victim and an offender even if they are young children. The program over rides a social worker's judgment.

Common concerns reported to us in the field regarding the intake module were:

- Over 50 % of time is spent on data entry
- More time on computer results in low client contact
- Checks and balances on an electronic system is supposed to ensure child safety
- Risk assessment tools are absent and left up to supervisor and worker to have the discussion about risk.

Like CFSIS, there are information sharing issues with the Intake Module. Workers cannot access current or historical information from other agencies. They can see whether cases are opened or have been closed but do not know the circumstances of those cases. Workers do not know if there might be safety concerns or if workers have been threatened in the past. Workers can call JIRU and get the information, but it would be much easier and quicker if they could access this through the Intake Module.

Many workers in First Nations communities informed us that they use the Safety Assessment from the intake module however there is a significant concern that it does not reflect the reality of life in First Nations communities. The Safety Assessment in the Intake Module is a checklist to assist a worker in determining whether there is any immediate danger to a child. The recommended response time is immediate and a Safety Assessment must be conducted within 24 hours. Workers reported that if they went by this tool then they would be apprehending a large

number of children. Issues highlighted were that many families in First Nations communities are unemployed and there are issues of overcrowding in homes due to a shortage of available housing. One worker estimated that 90 percent of families in their community have been a victim or witnessed domestic violence; workers know these families though and know that they are good parents.

Many workers also reported that they do not use the Intake Module at all. There are issues with connectivity and a lack of resources. During AJI-CWI they were told that the Intake Module would be available for every agency, but that is not the case.

We were told that the module often contains unreliable information and that important information is missing. The concerns that were expressed in relation to the reliability of the information in the Intake Module mirror those that were expressed with regards to CFSIS.

Agency to agency there is no access to intake modules. Tracking information at intake needs to be accessible to all workers province wide.

Its use should be reserved for situations where there is an investigation instigated to determine if a case will be opened for transfer to an agency for ongoing service. Development of a province wide intake module for use throughout the system is necessary to ensure the information needed for child protection purposes is available and reliable. The information requirements must be consistent province wide.

Service Delivery

Intake

As stated at the outset of this report, file opening can refer to an opening at intake, which is the first point of contact in the child welfare system, or a file opening in an agency for ongoing service. Regardless of where the opening occurs we define "opening" as a decision in the system to begin to provide services to a child or family. Please see appendix 14 for a chart of the agency interface with designated intake agencies.

The circumstances under which children or families receive services may be voluntary pursuant to Part II of the CFS Act (Services to Families) or may be mandatory because of protection issues pursuant to Part III of the CFS Act (Child Protection).

Initial referrals to the child welfare system occur through designated intake agencies (DIA) that are jointly designated by the Authorities to provide intake and emergency services by geographic region throughout the province. In Winnipeg, the intake function is performed for all agencies in the city by the Joint Intake Response Unit (JIRU), currently a unit within Winnipeg Child and Family Services. It is planned to become a mandated agency, under the Southern Authority reporting to a Joint Management Group comprised of the CEOs of the four Authorities.

Decisions regarding whether to begin to provide services to a child or family are made by the DIA. The operation of these agencies is governed by the Joint Intake and Emergency Services by Designated Agencies Regulation. It requires that the Authorities, jointly with each other and

in consultation with the proposed designated agency, prepare and submit to the Director for approval, an annual operating plan describing how each designated agency will provide intake services.

The DIAs are to have all of the duties and powers of a child and family services agency as set out in the CFS Act, *The Adoption Act* and the regulations under those Acts. They must carry out the policies contained in their respective annual operating plans, provide 24 hour intake and emergency services and respond to all referrals or requests for service on a timely basis. They must also provide child protection services including investigations of child abuse allegations, investigation of reports that a child might be in need or protection, apprehensions, and crisis stabilization services. In providing these services, they must adhere to the standards established by the Director.

In addition, once intake and emergency services are provided, the DIA is responsible for determining if there is a need for ongoing services.

Standards

Designated intake agencies are also subject to the current standards as required under The Child and Family Services Standards Manual (2005) which sets out six interconnected stages including intake, assessment, planning, service provision, evaluation and service completion. Although these are the requirements of intake, it is notable that all the stages referred to may also be required in ongoing family service, dependent on the issue or presenting problem brought to an agency's attention. From a complete study of all the standards as well as information provided to us from consultation with agencies, we acknowledge the significant, complex and overlapping requirements of the standards for those in the field providing child and family services.

The descriptions of the required standards are quoted directly from The Child and Family Services Standards Manual (2005) but only some of the main requirements are highlighted relating to the opening of cases or the initial decision to provide service.

The Manual describes the intake process as follows:

> Intake involves gathering and screening information to determine whether services are necessary and appropriate. The intake process applies when there is a request for services or a report that a child is or might be in need of protection regardless of the current status of the case (open, closed or new).

The current standards state that the intake stage has 3 parts:

> Information Gathering - gathering and recording of information relating to a referral (request) for services including issues identified by the referral source.
> Intake Response - action taken in response to the referral or request based on an initial assessment of the situation.
> Intake Disposition - an agency's service decision relating to the need for ongoing service including a determination that a child is or might be in need of protection.

Under each of these stages a detailed number of tasks are required of the intake worker.

At the information gathering stage, an intake worker must obtain information from the referral source to determine whether the referral is appropriate for a child and family services agency or licensed adoption agency. The standards indicate that the following issues are appropriate referrals for agencies: a child who is or might be in need of protection; services to children, families, and communities that cannot be provided more effectively by another human service; a person who is under age 18 who is pregnant or has just given birth; enquiries about foster parenting; adoption of a child; or post adoption.

Where the referral is deemed appropriate for agency service as indicated above, the intake worker determines the reason for the referral and service requested, gathers and records information as to the immediate safety of all children involved, determines the required response time in the situation and whether a safety assessment is indicated. All demographic information on the persons or family members involved must be gathered and recorded including preliminary information regarding possible risk to children and others. It is at this stage that the standards require that prior contact checks of CFSIS, the Intake Module and agency records be conducted to determine if a person or family is known to the system or agency of if there is an open or closed case. If the referral pertains to services under part II or Part III of the CFS Act the worker must use the Intake Module to identify and record the presenting issues and to determine the recommended intake response time.

Under the Intake Response standards, the province sets out the specific response times based on the intake worker's assessment from information gathered and recorded in Intake Module:

- immediately and within the 24 hours when a child may be at high risk of being in need of protection
- within 48 hours when a child may be at medium risk of being in need of protection or a notice of maternity is received under subsection 9(4) of the CFS Act
- within five working days when a child appears to be a low risk of being in need of protection or when a child under 12 years of age is involved in criminal activity
- within 10 working days when there are no apparent child protection concerns, but services are needed to strengthen and support a family, or when services under *The Adoption Act* are requested.

The response times are based on the risk to the child in the presenting situation. The categories of high, medium or low risk are defined as follows in the standards. The Branch notes that child and family services agency workers and supervisors are expected to assess the level of risk to children throughout the case management process to determine the priority that should be given a case. This begins with a mandatory safety assessment at intake when presenting issues indicate that a child is at risk of suffering harm or injury and may be in immediate need of protection. This assessment is completed when an immediate, or within 24 hour, response is required.

Response times and client contact are based on levels of risk to children according to the Manual, as follows:

High Risk – A child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexually abuse, or be permanently disabled or die if left in his or her present circumstances without protective intervention.
Medium Risk – A child is likely to suffer some degree of harm if he or she remains in the home without an effective protective intervention plan. Intervention is warranted. However, there is no evidence that the child is at risk of imminent serious injury or death.
Low Risk – The home is safe for children. However, there are concerns about the potential for a child to be at risk if services are not provided to prevent the need for protective intervention.
No Risk – The home is safe for children and there are no indications of potential risk to a child.

The standards go on to state that when a referral is an allegation that a child has been physically or sexually abused, a child protection investigation is initiated in accordance with the child abuse regulation.

The standards set out the required times for children to be seen for medical attention and in particular the criteria under which a child must be medically examined within 24 hours. The standards also provide the requirements for client contact within 5 working days of receiving a report of abuse, during which the investigating worker must have face to face contact with the child, other children in the home, any caregiver, custodial parent or guardian and the alleged offender if authorized by the police or if there is no plan for police involvement. A safety assessment is completed when there is question of the safety of the children in the situation. The investigating worker identifies all the persons involved in the investigation and establishes and documents a process for sharing information on the current incident. A completed a report on the investigation is to be forwarded to the worker's supervisor within five working days and to an agency abuse coordinator within 10 days.

The standards under Intake Response, include the requirement to determine whether another child and family services agency is currently providing services to a family or child and, if so, must notify the other agency by the end of the next working day and with that agency, develop a plan for providing service.

When there are protection concerns in a case, the intake worker, or if a case has been transferred to another agency, the assigned worker has direct contact with the person or family within 10 working days of receipt of the referral.

Where placement of a child is required, the standards set out the recommended process of involving the child and family in the placement process, involves other agency staff as necessary in identifying alternate caregivers, implements the preferred choice of the family unless the choice places the child at risk or is not in the best interests of the child and/or follows the standards for places of safety. The province recommends that criteria at the placing worker should consider in placing a child.

Prior to transfer the intake worker completes the Authority Determination Protocol (ADP) with the family to determine which child and family service authority is responsible for providing service.

The third stage of standards at intake, Intake Disposition, discusses the recommendation phase of intake including the onset of the internal or external transfer process of the case and will be highlighted in the transfer section of this report.

In its introduction (section 1.1.0) to the standards, the Branch states:

> The standards are based on four themes or criteria as follows:
> - response time
> - client contact
> - discussion with or approval by supervisor
> - documentation

Our review determined that these are the four critical areas or decision points where staff and supervisors from agencies identified significant difficulties. These difficulties were identified as the reasons why the overwhelming majority of agencies, from all the Authorities, both rural and urban, on and off reserve, told us that standards are not being met and are unachievable under the current system.

Consultation with agencies revealed that timely responses to referrals, client contact, discussion with or approval by supervisor and documentation are hindered by overall workload demands and high caseloads, the excessive and increasing technological demands and/or problems associated with the intake module, connectivity issues and access restrictions of CFSIS, the travel demands due to geography of remote areas, and the increasing demands and complex problems presented by children and families at the intake level.

With regard to workload, staff in designated intake agencies advised of the significant increase in workload that arose with the intake module (please see intake module section for a further discussion of the technological issues), the added workloads of receiving calls on existing cases for various agencies family service teams (DIA), the backlog of intake transfers awaiting acceptance from receiving agencies and increasing numbers of referrals across the board.

With regard to CFSIS, we were advised that the restrictions on access result in the necessity to contact other agencies to obtain updated case information (prior contact check) in order to determine what recent involvement has occurred or to verify if a case was or is open. This was seen as causing delay when immediate responses to referrals were required. Workers noted that many agencies do not record cases on CFSIS, resulting in duplication of service at the intake level and families receiving service or intervention from more than one agency. Staff and supervisors in remote rural areas noted that the timelines for response are often unachievable due to the distances required to travel to locate family members and that where a situation is deemed high or medium risk requiring a 24 to 48 hour response that this may not be possible.

With regard to supervisor reviews at the intake level of a case, the standards note that reviews are to be conducted by the supervisor within 10 working days for intakes that are requests for other services that may be provided by other service organizations as well as for intakes which are general enquiries that may be referred to other parts of an agency not requiring a child protection investigation (i.e. foster parenting enquiries). The standards state that for cases that conclude that a child may be in need of protection that reports are to be reviewed by the supervisor within 2 working days of receipt of the report, to ensure that an appropriate action has been taken,

including the development of a safety plan. Within these 2 days, the supervisor authorizes an intake disposition, and when required, ensures that a written request to transfer the case is sent to the appropriate child and family services agency. The supervisor also ensures that the intake decision is consistent with ADP requirements and transfer standards. As indicated previously the supervisor is also required to review abuse investigation reports where an investigation has occurred at the intake level.

Our review revealed that many supervisors are having difficulty meeting the time lines set out in the standards for these supervisory reviews due to similar constraints described by the frontline workers. At the same time many supervisors and staff commented that the intake module has significantly increased the supervisory time spent reviewing cases on the module, because of the requirement for supervisory review/sign off in order to close or transfer cases within the module. Supervisors commented that while this ensures a shared accountability for casework decisions that the requirement to view and approve case plans and decisions electronically via the module, has constituted a major part of their workload and takes away from more clinical or direct supervision of staff, and other supervisory requirements.

The last areas of comments relating to standards at intake occurred in relation to the level of risk to children and safety assessments. The manual sets out the expectation of risk assessment throughout the case management process and introduces the requirement for safety assessment at intake in section 1.1.0, which states:

> Child and family services agency workers and supervisors are expected to assess the level of risk to children throughout the case management process to determine the priority that should be given a case. This begins with the safety assessment at intake when presenting issues indicate that a child is at risk of suffering harm or injury and may be in immediate need of protection.

In the course of our review, agency staff and supervisors advised us that safety assessments were being completed in agencies where the intake module was being used. Staff noted that while the safety assessment is a requirement and described in the standards as the beginning of risk assessment, that this is based on an assessment of the immediate danger to a child and the current incident. Many staff noted that a thorough analysis of past history and patterns of functioning is not possible given the time constraints and structure of information to be gathered by the module, as well as the difficulties with accessing information from other agencies, CFSIS and closed files as noted previously. Some agencies commented that while the safety assessment might indicate a safety plan for a child, very quickly matters can change that place a child at risk and the safety assessment cannot be seen as assessing or mitigating overall risk to a child. Agencies indicated in general that there is no commonly agreed upon risk assessment tool that is recommended in the standards.

For further discussion of the issues relating to workload, CFSIS and the Intake Module, please see those highlighted areas in the report.

We recommend that the standard that requires supervisors to sign off on decisions in the intake module be replaced with a requirement that a supervisory decision be made in consultation with the worker and that the recording of that decision be done by administrative staff on the direction of supervisors.

We recommend that in order to ensure that necessary information to make decisions is available to DIAs funding be provided to agencies to hire the additional resources necessary to have sufficient staff available in each agency to answer questions that may come from them regarding children and families. These staff can work on an on call basis, but this responsibility should not be added to front line workers who are already overburdened.

We recommend that the issues with CFSIS be addressed and that staff have access to cases across the Province.

Authority Determination Protocol

If services are required on an ongoing basis, the DIA must determine which authority will be responsible for providing ongoing services in accordance with the authority determination protocol ("ADP") set out in the Child and Family Services Authorities Regulation. The Regulation contains the following definitions with respect to the ADP:

> "authority determination protocol" means the protocol in Part 2 that is to be used to determine the culturally appropriate authority and the authority of service for a person or family.
> "authority of service" means the authority responsible for administering and providing for the delivery of child and family services for a person or family, determined in accordance with Part 2.
> "culturally appropriate authority" means the authority determined under Section 3.

In determining a person's authority of service, the CFS Authorities Regulation requires the DIA to first determine the person's culturally appropriate authority. In determining the most culturally appropriate authority, the DIA must consider whether the person or family is Aboriginal and if so, their Aboriginal status, including whether they are members of, or identified with, a First Nation, the Metis or the Inuit. The person or family's community of residence must also be considered. The Northern Authority is the culturally appropriate authority for persons who are members of, or identified with, a Northern First Nation listed in Schedule A of the Regulation. The Southern Authority is the culturally appropriate authority for persons who are members of, or identified with, a Southern First Nation listed in Schedule B of the Regulation. The Metis Authority is the culturally appropriate authority for persons who are Metis or Inuit and the General Authority is the culturally appropriate authority for persons who do not otherwise have a culturally appropriate authority.

Once the culturally appropriate authority has been determined, Section 4 of the CFS Authorities Regulation entitles the adult members of a family to choose an authority of service for the family. This may be the culturally appropriate authority or another authority. Consideration must be given to the preferences of children 12 or older and may be given to the preferences of children under 12. Each member of a family must have the same authority of service, except where an independent living arrangement is being arranged for a child or the child is a parent or expectant parent receiving services under the CFS Act. In these circumstances, the child is entitled to choose their own authority of service.

Occasionally, the DIA must designate the culturally appropriate authority of the children's primary caregiver as the family's authority of service. This will occur when families fail to choose an authority of service, no adult member of the family is mentally competent to complete the ADP, or no adult member of the family can be located after reasonable efforts have been made.

If a person does not choose their culturally appropriate authority as their authority of service, the DIA may, with the written consent of each adult family member, inform the culturally appropriate authority of the person's or family's choice and the culturally appropriate authority may request a meeting with the person or family. After the meeting, the person or family may choose a different authority of service, but if the family does not wish to meet with the culturally appropriate authority, their choice of authority under Section 4 is final.

Once the authority of service has been established, the authority must arrange for services to be provided to the person or family through an agency mandated by that authority. In some circumstances, the authority of service may have a service agreement with another authority, in which case services will be provided by an agency mandated by the other authority.

Pursuant to the Joint Intake and Emergency Services by Designated Agencies Regulation and the CFS Authorities Regulation, once the authority of service has determined the appropriate agency to provide ongoing services, the DIA must transfer responsibility for the person or family to the appropriate agency (the "receiving agency") and forward the person's or family's service records to that agency. Prior to transferring responsibility for ongoing services to a receiving agency, the DIA must receive written confirmation from the receiving agency that it will assume such responsibility.

Section 9 of The CFS Authorities Regulation provides a process whereby a family can request that its authority of service be changed. In order to do so, a written request must be filed with the current authority of service along with the written consent of each adult family member. In making the decision to request such a change, the adult family members must consider the preferences of children 12 or older and may consider the preferences of children under 12. On receiving a request to change Authorities, the current authority must forward the request to the proposed authority of service. If both Authorities approve the change, then the authority of service must be changed unless there is an ongoing child abuse investigation, an ongoing proceeding under Part III of the CFS Act, or a proceeding under *The Adoption Act*. The Authorities must advise the family of their decision in writing within 30 days of the request for change.

If the request is approved, the current authority must arrange to transfer responsibility for the person or family and their agency service records to the appropriate agency of the proposed authority of service. The transfer cannot occur until the receiving agency has given written confirmation that it will assume responsibility for the matter.

If the Authorities do not approve the request, the person or family may make a written request to have the Director review the matter. The request to the Director must be made within 10 days of receipt of the Authorities' decision. The Director must approve the change if he or she is satisfied that the change is in the best interests of the children involved.

One of the principles of the transfer process in the AJI-CWI was that families were to be provided a choice about which authority they wished to receive service from. After a case has been assessed at intake and is going to be referred for ongoing service, the authority determination protocol process must be completed. In most cases the worker in the designated intake agency will complete the form with the family. The Authorities are responsible through their agencies to provide information to families to allow them to make a considered choice.

We found that families are often expected to make this choice often based on limited information. Families are not provided with information about the services provided by the agencies within the authority. In most instances, the workers who are providing information to the families do not know what services are available from the agencies providing ongoing service delivery.

The Authority Determination Protocol is printed on a form that is to be completed manually and include information under the headings of Family Information, Authority of Record Determination, Authority of Service Determination, and Notes to File.

The Authority of Record is the Authority or Authorities that are culturally appropriate for an individual and/or family. The Authority of Service is the Authority chosen by the family to monitor service provision by an Agency or Regional office. This may be one of the Authorities of Record or an Authority not related to the family. The service provider is the mandated child and family service agency or regional office that is responsible for the provision of services. The service provider is determined by the Authority of Service for the family.

The ADP is based on the choice of the primary caregiver, however, the views of children 12 or older should be heard or at least considered. If an adult in the family is not available to make the choice, then the intake worker must make the choice, in accordance with a field guide issued to deal with such circumstances.

Subsection 9(6) of the CFS Authorities Regulation requires that within 30 days after the date of the request, the current authority and the proposed authority must, in writing, advise the person or family requesting the change of their decision.

If the change is denied, the person or family requesting the change of authority may appeal the decision to the Director.

Impact on System and Participants

The ADP is a major change within the child welfare system. It was developed as a tool to determine choice and culturally appropriate service and is a formalized way of ensuring that connection. Th review team learned that initially 80% of Aboriginal families chose an Aboriginal Authority as the authority of service and that percentage was higher where there were outreach offices and a higher visibility of First Nation Child Welfare Agencies.

However, during the course of the review it was reported that some Aboriginal families are now choosing a different Authority. This could have an impact on the system because staff and financial resources were transferred in the new system based on the original numbers.

Another issue that has an impact on the system due to ADP is that the workers within the system have to give the families information regarding the services available within each Authority and many of the workers do not know what those services are and cannot provide this information. This makes the workers feel that they are not doing their job and families are not getting the information needed to be able to choose what will best meet their needs.

When the ADP process was established it was designed to be completed by a worker with the family. Workers reported that it is a time consuming process the use of which is often misunderstood by families.

We recommend that the ADP process be streamlined to the extent possible and be written in language that can be easily understood by people with limited education.

We recommend that the ADP process be evaluated to determine how choice can effectively be offered to every family in situations where only one agency provides service.

We recommend that the ADP process be able to be completed by staff other than front line workers in order to reduce the administrative functions performed by workers.

Intake Services

One of the principles of the AJI-CWI conceptual plan was that Intake and After-hours/Emergency services would be coordinated province wide. The intent of the coordinated Intake and After-hours/Emergency Services is to improve services to everyone regardless of where they reside in the province, allow families some voice in which CFS agency/office is to serve them, encourage cooperation and collaboration among the Authorities/CFS agencies/offices, offer a wide range of statutory and support services, including out of home care and to support information sharing through the use of information technology and common registries.

The coordinated approach to Intake and After-hours/Emergency services is facilitated by a single telephone number advertised for province wide first response. The AJI-CWI strategic plan identified the necessity for a coordinated intake service in order to provide a timely first response and ensure that no child is at risk because of gaps between the mandates or operations of agencies/offices. It also recognized that the 'mechanism of coordinated intake services may be different in urban, rural, remote, or reserve areas'.

The DIAs should be the first point of contact for children and families requiring child welfare services. Within the City of Winnipeg, there is one DIA whose role is to be the point of entry in the child and family service system through the single telephone number, which serves as a 24 hour intake and emergency after-hours system on behalf of all 16 agencies within the city. Outside of Winnipeg, there is one DIA in each of the 14 geographical regions that takes calls on behalf of all other agencies within the region and is responsible for the provision of intake and emergency after hours services, except in First nations communities. The service models for each of the DIAs outside of Winnipeg vary. In addition to the geographically based model, the agency providing child welfare service on reserve retains responsibility for the provision of intake and after-hours services on reserve.

Joint Intake Response Unit

The Joint Integrated Response Unit (JIRU) should be the backbone of the province wide coordinated intake and after-hours/emergency services. According to the AJI-CWI Summary of the Detailed Implementation Plan, "It operates the common telephone intake service for the province and responds to both emergency and non-emergency calls. JIRU will make initial assessments and depending on the situation will either deal with the call directly, or refer callers to appropriate services".

JIRU is jointly managed by the four Authorities. The costs associated with JIRU are shared equally by the four Authorities. The intent is for JIRU to be the centralized intake system operating as a separate agency on behalf of all the mandated CFS agencies in the city of Winnipeg. As a distinct agency, the future plan is for JIRU to report to the Southern Authority. At the present time, JIRU has not achieved distinct agency status, and continues to operate as a service unit of Winnipeg Child and Family Services under the General Authority. At present, JIRU is also accountable to the CEO's of the four Authorities as the interim board of JIRU. The Board of Directors utilize a consensus based model of decision making.

It is anticipated that once JIRU achieves agency status, a new board of directors, which was appointed by the CEO's of the four Authorities in November 2005, will replace the current interim board. As JIRU is central to the entire provincial child welfare system, it has been designed as a "robust intake" function. It operates on a two tiered intake system that espouses a crisis response and community based approach to child protection and it currently has 152 positions attached to it.

Reporting Structure and Accountability

The reporting structure and accountability for JIRU are confusing. Because JIRU is a currently a service unit within WCFS, its Director reports to the Executive Director of WCFS. Because of the plan to convert JIRU into a mandated agency under the Southern Authority, the ADM responsible for the AJI-CWI is also involved in discussions on the functioning of JIRU. Also because of this plan, the Director must report to its current board of directors who are the four CEOs. There is also significant contact with the CEO of the Southern Authority, which will be responsible for providing the mandate to JIRU. Further, JIRU must also have working relationships with the 16 other agencies on whose behalf it provides intake and emergency after-hours services within the City of Winnipeg, and ultimately to the families and children it serves.

Concerns were expressed by the staff in JIRU that the number of people and bodies to which JIRU must report creates confusion and uncertainty regarding which direction should be followed in developing policies and practices around service delivery in the unit. Because there are so many people overseeing JIRU, the day to day operations of the unit are perceived to be micro managed.

This reporting uncertainty creates confusion in defining operational and program structures. Until the policies, procedures and practices of JIRU have been finalized, communicated and understood by the people working within JIRU, and the agencies with which it deals, there should be a single reporting structure agreed to and followed by all.

We recommend that the Department and the Interim board of JIRU collaboratively determine a single reporting structure for JIRU.

Program Design/Model

Under subsections 11(1) and (5) of the CFS Authorities Regulation, the operating plan of each designated intake agency (DIA) must be approved by the Director of Child and Family Services. JIRU is the front door to the child welfare system in the city of Winnipeg designed to ensure a clear process for people to reach out to the CFS system. It operates within an integrated client focused service delivery model by creating linkages between and among the program units of JIRU, the other mandated agencies, the Authorities, and other relevant social service organizations. It is designed to be a two tiered intake system that will respond to referrals and requests for voluntary and protective services in a timely manner. This system of intake is augmented by a Community Program and Emergency Placement Resource. (Appendix 14)

Theoretically, JIRU operates under an integrated, client focused service delivery model. In practice the implementation of this model denotes a fragmented and silo approach to service delivery. The various program functions of JIRU are compartmentalized, and there is no continuous, consistent, or seamless process for families encountering the system.

Workers report that the parameters of each program area within JIRU have not been clearly established. Although program descriptions and their subsequent processes have been created, implementation is pending approval by the interim board. The draft documents have been made available to various agencies and the front line of JIRU. However, it has been reported that there is a lack for clarity to the front line within the programs of JIRU about the roles, responsibilities and boundaries of each program area. It should be clear who does what at what level, with primary consideration being what is best for children and families. Workers within JIRU advised our review team that no one is sure where one program begins and the other ends. This lack of clarity not only creates confusion about who is to carry out specific case management functions, it fosters tension between staff who feel certain programs are adding to the workload of others, thereby contributing to poor morale.

The lack of clarity around JIRU program parameters is more problematic when one considers the interface between JIRU and the 16 other mandated agencies in Winnipeg. Our consultations around the province revealed that the lack of understanding about JIRU's roles and responsibilities, and the lack of clearly established program parameters, unintentionally result in gaps in services provided to families or, conversely, in multiple agencies duplicating service to families. In order for the integrated client focused services to be delivered to families in a timely and proficient manner, it is imperative that clear written procedures around each of JIRU's program areas be developed and communicated consistently across JIRU and to the other mandated and social services agencies that interface with JIRU. There needs to be a standardized process that is implemented and enforced throughout the child welfare system. JIRU's processes need to be administratively efficient, and implemented in a sensible and logical manner which focuses on the best interest of the client.

We recommend that clear parameters around each program of JIRU be developed, inclusive of the identification of roles and responsibilities within each program area.

We recommend these parameters be consistently communicated to the staff of JIRU, the staff of other mandated agencies, and to the core social service agencies that interface with JIRU.

TIER 1: CRU and After-hours

Tier 1 is the first response and after-hours unit that operates on a 24 hour basis providing a screening and crisis response function. The Crisis Response Unit (CRU) is the component of JIRU that operates during the normal work day. It is comprised of 2 teams each with 6 social workers, a supervisor and administrative support. Its role is to respond to referrals by walk-in, fax, mail, and calls through the province wide telephone number.

CRU is responsible to assess eligibility for services and to refer callers to other relevant services in the community where appropriate and to identify whether children may be in need of protection under the legislation. Based on the information gathered, CRU completes the safety assessment and identifies a response time to the call, specified by the Intake Module and standards. CRU ensures the protection of children through the provision of emergency intervention, crisis management and stabilization services. It then provides a referral to Tier 2 intake for further assessment. Because JIRU is the only centralized intake system within the province that has full access to CFSIS, CRU is responsible for providing information from CFSIS to other Designated Intake Agencies when requested.

The after-hours unit is the second component of Tier 1 which operates in the city of Winnipeg after normal working hours and on the weekends. It has the same functions and responsibilities as the CRU, but also provides auxiliary support and service to intake and ongoing family service workers in Winnipeg. After-hours will respond to service requests from the day-side workers where case assistance is required after normal working hours. The after-hours unit is comprised of 2 teams, each with 8 social workers, and a supervisor. The unit has a half time administrative support in addition to contracted casual staff.

In the course of our review, we found that although Tier 1 intake at JIRU is to serve as the front door to the child welfare system in Winnipeg 24 hours a day, 7 days a week, it is and has been under staffed for a significant period of time. While the after-hours unit has built in a casual roster to ensure that the unit operates at capacity, the CRU function does not have this feature. The current under staffing of JIRU is partly attributable to the Master Human Resource Agreement of AJI-CWI partly because there are positions within JIRU that are designated as General Authority and Aboriginal Authority positions. The system is structured to ensure that Aboriginal Authority positions are permanent positions designated for Aboriginal people. In the event that there is not an Aboriginal candidate for the position, it can be filled on a temporary or term basis with a non-aboriginal employee. It has been reported by workers in the field that this staffing arrangement is creating a mass of temporary, qualified social workers who are actively seeking permanent work elsewhere, resulting in continuous vacancies in all positions at JIRU. Staff shortages are also caused through sick leave and vacation leave which negatively impact the front door of the system as it operates under capacity. Staff also advised that they often make decisions to provide service based upon the availability of workers. As a result, there are fewer people during the day to provide a timely response to the volume of incoming calls.

Although the after hours function has a roster of casual staff enabling the unit to operate at full capacity, it has been reported that the workload of JIRU's after-hours unit has increased significantly since AJI-CWI transfer. It has been identified that the interface with 16 other mandated agencies in Winnipeg and the absorption of the after-hours work of 3 other agencies operating in the city prior to AJI-CWI transfer has contributed to the increase in JIRU's current workload.

Workload at JIRU is also impacted by the current single telephone number for the entire system through a line into JIRU for every call type regardless of whether it is child welfare related of not. Although there is an administrative position attached to JIRU the receptionist takes every type of call from mail delivery to people looking for their assigned worker to the emergency crisis calls.

It has been reported by foster parents, collateral agencies and support workers that utilizing the central phone line is time consuming and frustrating. Social workers internal and external to JIRU confirmed these comments. During one of the focus group sessions with our review team a disclosure was made that required a mandatory report. One of our team members waited on hold for 40 minutes in order to speak with a CRU worker. The single phone number for all types of calls creates a backlog at CRU where families are waiting for service.

Our review found that the backlog of calls 'in the cue' through the centralized phone line appears to be more problematic during the normal working day as some of child welfare's core collateral agencies such as hospitals, schools, Children's Special Services and the mental health system are seeking information or making non-urgent referrals through the central number. This strategy only adds to the call volume.

In addition, the lack of compliance with and agreement among all the agencies to utilize CFSIS province wide, and the lack of inter-operability of CFSIS mean that workers from other agencies seeking to discern information contained in CFSIS are using the same front door as families and community collaterals. This adds to the range and volume of calls entering through the centralized system and the subsequent inability of CRU to respond to the variety of calls in a timely manner can leave many families in crisis for longer periods of time.

The Standard requirement of electronic systems such as the intake module have been identified as another barrier to timely responses. Staff report that they are spending more time at their desks inputting data into the computer system with the introduction of the intake module (IM). As result, it was suggested that CRU's responsiveness has been decreased by the IM.

The design of the IM requires that certain fields of information are complete before the worker can progress to the next field. As a result, workers report they are entering 'dummy' demographic and geographical information that is not readily available as a means to get to subsequent screens and complete the intake. While circumventing the IM may assist workers in expediting electronic data, reducing the time they spend on the administrative function, its consequence is the inability to produce accurate statistical data and conduct quality assurance.

The inconsistent use of electronic systems across all agencies negatively impacts upon after-hours and emergency services provided to families. It has been reported that after-hours will respond to referrals requesting emergency services, or where necessary take protective action to

ensure the safety of children. In cases where an agency is providing services to a family, the information relating to the open case should be entered into CFSIS so that when those children or families case comes into contact with the emergency after-hours unit at JIRU (or at a DIA) then the responding emergency worker would know the status of the case. Our consultations around the province reveal that information is not being tracked on CFSIS. Examples were provided where after-hours unknowingly provided service where the assigned service agency had already intervened and established a plan. The lack of compliance with the requirements to place case information on CFSIS, and the inability of agencies to have full access to case information , results in duplication of service which causes increased risk to children and extreme distress for families.

The lack of coordination between after-hours and the 16 other mandated agencies with which it interfaces is perpetuated by the ambiguity of the after hours program parameters and a lack of clear delineation of the roles and responsibilities of an emergency after-hours service relative to those of dayside workers. JIRU after-hours staff report that they receive a number of requests to apprehend on behalf of a dayside worker. Despite the fact the draft program description documents for JIRU require that all requests for apprehension must be discussed between the two involved agencies, it has been reported that consultation does not consistently occur.

Concerns were expressed both internally and externally around what constitutes an after-hours function, particularly when it comes to supporting the work of dayside. Some dayside agencies report that JIRU has routinely provided supportive service to dayside when requested, while others indicate that the after-hours unit refuses to complete dayside service requests that are non-emergent. It appears from the course of our review that after-hours support of dayside work is seamless and continuous only where there are established relationships between the agencies, and where efforts have been made to engage in open communication at the line and supervisory level.

The development of clearly defined program parameters and procedures for JIRU Tier 1 services exist as draft documents awaiting implementation. In order for JIRU to maximize the effectiveness of its Tier 1 services, it is important that these be implemented and communicated internally and externally to all agencies and service organizations within the system. Furthermore, it is vital that opportunities for communication between front line supervisors and workers of all agencies interfacing with JIRU be created in order to facilitate ongoing dialogue about the coordination of seamless service delivery for children and families.

We recommend that strategy be developed to address how collateral agencies and organizations can send non–urgent referrals to JIRU.

We recommend that clearly defined processes around the dayside workers requests for afterhours service be developed and consistently communicated to all agencies which interface with JIRU.

TIER 2: General Intake

Tier 2 of the JIRU is the intake service function which receives cases, from tier 1, that require follow up and further assessment. There are 4 intake units, each consisting of a supervisor and 6 social workers. Tier 2 intake provide initial case services, assessments and complete the

Authority Determination Protocol. At this level, cases are either closed or transferred to the appropriate agency identified by the ADP for ongoing service.

The intent of the two tiered system is to ensure that only the appropriate cases are being transferred to general intake for services, once immediate risk has been mitigated by CRU or after-hours. Tier two is the time when the family has contact with the agency; when information is collected and appropriate intervention occur. However, consultations with workers internal and external to JIRU disclosed that by the time a family is transferred to ongoing service, the family has seen many workers. Accordingly, the family repeats their story providing similar information which defies best practices and the concept of being least intrusive.

It has also been identified that the intake module and the paperwork requirements set out in the standards result in duplication of work. The administrative requirements of general intake are compounded when a child is apprehended by after-hours, CRU, or abuse intake. Although these units carry out the functions of a mandated agency, workers have advised that general intake is responsible for completing the administrative components of the legal process associated with apprehension. The absence of clearly defined program parameters and administrative processes results in more time spent on meeting administrative requirements as opposed to meeting the needs of families.

Our review revealed that there is little ability, either externally and internally to clarify issues regarding the consistency of information gathered at intake. Issues around the quality and quantity of information transferred within JIRU units, as well as information transferred to ongoing services are reported to be left unaddressed by executive management of various agencies as well as the Authorities. Moreover, workers within JIRU report that they feel they are not encouraged, nor do they have the ability to work out issues with other service units.

Interviews across the province reveal that there is general level of dissatisfaction with the services provided at the intake level, both within and outside the City of Winnipeg. There is a general concern identified by intake staff across the province with the concept of triaging responses to referrals based upon the presenting problem and an incident based perception of risk. Workers in the field have identified that calls that are high risk and emergent receive an immediate response, as prescribed by standards. However, lower risk cases where families require low level support, voluntary service, or where there is minimal risk to the safety of the child at present time, are given lower priority. High volumes of referrals and subsequent workload issues impede worker's ability to respond to low risk cases. Despite the availability of electronic supports such as the Intake Module and CFSIS which assist workers in managing the calls by streamlining responses and ensuring that standards are being met, the reality is that when referrals are triaged and supplemented by prescribed response times only certain incidents require additional response or follow up. Those low risk cases are not considered to be a priority for workers. Yet, the unanticipated consequence is that low risk cases are left waiting longer for service can quickly turn into high risk requiring an immediate response. If the parameters of intake were clearly defined across the province, and more resources were added to enable workers to complete a thorough assessment that include risk at the front end, many of the lower risk families would be served in a timely manner negating the need to respond to crisis in the future.

We recommend that clear program parameters be established for the general intake program at JIRU.

We recommend that a consistent model or standardized tool for the assessment of risk be implemented and adopted by all agencies across the province.

TIER 2: Abuse Investigation Unit

In addition to the 4 intake units, there are 2 additional Abuse Investigation units each consisting 8 workers, an administrative support and a supervisor. The Abuse unit is a specialized investigative function attached to JIRU. Its purpose is to investigate abuse allegations on all new abuse cases identified at JIRU. Information gathered from workers through-out the province reveals the abuse investigation unit is generally effective in the conduct of abuse investigations on new intakes within the city of Winnipeg.

A second function of the abuse investigation unit is responsible for the conduct of abuse investigations on all alleged incidents of abuse on ongoing family service files within the City of Winnipeg. This second function was agreed to, on behalf of all mandated agencies in Winnipeg, by the four Authorities. However, not all agencies in the city of Winnipeg are referring allegations of abuse on existing files to the Abuse units. Some agencies have made the administrative decision to operate their own abuse unit to investigate allegations of abuse on all open files within their agency. New intakes would still be received by JIRU.

Despite the fact that these agencies are not funded to undertake this service function, our review found that these agencies believed that it was in the best interests of their families to investigate abuse allegations on existing files. These agencies feel that they possess knowledge about the families they serve which enables them to produce a more accurate assessment of risk and the subsequent needs of the family. These agencies employ senior staff with specialized skills and training in the area of abuse investigations that can provide a more thorough assessment and a timely response. It is the belief of some agencies that JIRU abuse teams do not have the training and experience, or the access to the family's historical information that would allow them the ability to conduct in-depth assessments. In part, this belief is supported by JIRU's administration. Our review team was advised that the abuse unit has skilled senior staff within its employ, but it also employs staff with little experience in the area of abuse investigations. Unfortunately, JIRU has little operational ability to provide specialized training to staff regarding abuse investigations and interviews, as the training budget for all of JIRU is only $16,000. In efforts to compensate for the lack of training dollars, it has been reported that JIRU is currently in the process of developing a formalized orientation program for new staff.

Conversely, other agencies rely heavily on the abuse unit, as they themselves do not have a dedicated abuse unit, or staff with specialized training in the area of abuse investigations. Consultations with these agencies identified that sometimes the referral process to the abuse unit can be cumbersome and time consuming. Workers report that the Abuse unit functions as an auxiliary program and does not assume any case management responsibilities, thereby requiring the assigned worker to coordinate the investigation while simultaneously carrying out case management activities required by standard. Consequently, assigned case managers are responsible for documentation and reporting on areas where they do not have an investigative capacity. In instances where there is a good working relationship between the two assigned

workers, the process is effective. However, in cases where the assigned workers have no previous working relationship, problems with coordination and determination of role and responsibility are problematic. Some workers told us that they not receiving reports of the investigation in a timely manner. Others indicate that the responsibility for coordinating with the police, hospital and abuse committee is undertaken by the case manager.

The ability of JIRU to work collaboratively, as an auxiliary service to the existing cases of other agencies is hampered by the lack of interoperability of CFSIS. Through our review it was revealed that the abuse unit is not able to attach themselves, as an auxiliary service to an agency's case. In order to electronically track and record the involvement of the abuse unit in a case, a new intake needs to be opened on the Intake module at JIRU. While the abuse unit can view the referring agency's electronic file, the assigned case manager does not have access JIRU's electronic information. As such, the case manager must wait for a paper record of abuse unit's involvement, the timing of which is impacted by the volume of referrals at the abuse unit.

The referral criterion for the abuse investigation unit has been identified by agencies as a barrier to referring existing cases. The criteria for what the unit will investigate is viewed to be restrictive in that it will only investigate abuse (physical) where there is apparent injury and/or an incident is current and can be verified. According to workers, this definition does not recognize historical abuse, or alleged incidents that are disclosed when the child feels safe, or where the injury is not current, and therefore not readily verified. Our review team was advised that restricting the investigation criteria to specific types of abuse allegations is likely a way to manage the volume of work that would be encountered if the criteria were less restrictive. Narrowly defined program parameters are not only prohibitive, but the consequence could be the potential for children to fall through cracks in the system where no action is taken to address protection concerns that are not readily verifiable.

Although abuse investigation procedures have been developed, they are pending approval by the interim board. Meanwhile, the draft documents have been circulated. The inability to finalize and implement appropriate program descriptions, processes and procedures perpetuates the inconsistency in interpretation of the unit's role, particularly with regard to existing cases, and allegations in foster home settings. The lack of clarity in program procedures developed by the Authorities for service providers impacts upon the ability to deliver seamless service and ultimately creates confusion and frustration for staff and for the families they serve.

We recommend that clear program parameters be developed for the Abuse Investigation Unit. If the unit remains as an auxiliary unit it is imperative that roles and responsibilities of the unit and involved agency be clearly defined.

We recommend that the abuse investigation unit criteria be expanded to include the scope of abuse as outlined in legislation.

We recommend that adequate funding be made available to facilitate specialized training in the area of abuse investigations and child maltreatment on an ongoing basis to all workers responsible for investigating abuse.

We recommend that opportunities be established for regular communication between JIRU and the other mandated agencies to address issues that impede the coordination of seamless service delivery.

Auxiliary Programs: Community Program

The intake component of JIRU is augmented by another service area, known as the Community program. At the time of our review, the parameters of this program within JIRU had not yet been determined. A clear vision and plan about the community program and the role of the community workers needs to be developed and communicated to staff and the community.

The operational plan for JIRU states that the Community program is intended to provide short term support to voluntary and non-protection mandated cases where the focus would be on supporting and preserving the family unit. At the point of entry into JIRU, it is hoped that families can be diverted from intake if they do not need mandated services, to a community program where staff can direct them to other programs or services within the community. The anticipated outcome is the prevention of the need for ongoing services. Theoretically, the community program is to provide support to families identified at the intake level for a maximum of 90 days, at which time the file should be closed.

Concerns have been raised in the field that having workers divert families to other community based resources, or brokering, does not ensure that families receive the supports or programs that they require. A general consensus among service providers is the belief that the system as a whole, and specifically JIRU, need to have community programs that have a built in capacity to deliver specific programs to families as opposed to 'brokering' to other agencies where waiting lists are long, and criteria are restrictive.

In addition, ongoing service providers have identified the need to develop further community based programs that are designed to support families who are receiving services beyond the intake function. Families who are receiving ongoing services require multi resource services, such as parenting programs, in-home support workers, teaching parent aides, therapeutic services, family preservation and reunification etc. We were advised that restricting community programming to the low risk cases at the front end will do little to assist non-voluntary families in obtaining the services they need to address the issues that resulted in children coming into care.

The Community Program is also responsible for the coordination of family support workers within the City of Winnipeg. Through our consultations with DIAs and other agencies across the province we were advised that the majority of funding for family support workers has been centralized at the community program of JIRU. The stated rationale for centralizing family support workers at JIRU was ensuring a robust intake that would operate as a tertiary preventative measure to help keep children from coming into care. It was reported that providing preventative services to families at intake may result in a lack of continuity of service. We were told that if a family is referred to the community team and receives intensive in home supports, and the family is later transferred to an agency for ongoing services, these in home supports may no longer be available from the new agency, thereby creating a gap in services for the family who requires assistance for a longer period of time.

All agencies identified the need to have access to qualified, trained and skilled support staff to serve children and families outside of JIRU's intake function. While there is a pool of support staff available to families whose file is open to a mandated agency, JIRU is responsible for the coordination of those services. Concerns identified many times related to the finite number of support staff available to all 16 agencies, which routinely results in agencies having to contract support staff from privately run home care and health services agencies. Regrettably, many of these contract staff are untrained and inexperienced in the issues faced by families receiving child welfare services, nor are they found to be culturally appropriate in their delivery of service.

As previously stated, the implementation of services attached to the Community Programs unit has not yet fully materialized. The program is alleged to be operating with skeletal staff until its role has been clearly defined. However, we have been advised by mandated agencies in the province that a central component of the Community Programs unit will be the development of 2 Resource Centers, assigned to the Authorities, which will be housed in 2 areas of Winnipeg. All agencies expressed concern that the proposed design of the resource center will be to assist in the identification of a range of community resources available outside of the child welfare system and to connect families with these resources. According to the agencies, the fact that resource centers will only serve families referred by JIRU is contradictory to a community based model. Further, it is perceived that these resource centers will be 'brokering' services to other collateral agencies that already do not have the capacity to provide a variety of ongoing services in the timely manner that is required for families within the child welfare system.

Auxiliary Programs: Emergency Placement Resource

The Emergency Placement Resource unit is another auxiliary service of JIRU. It is responsible for the management and coordination of the child welfare shelter system in the City of Winnipeg. The EPR unit operates and maintains emergency placement resources such as shelter facilities, emergency foster home beds, inclusive of those provided by third party service providers, and the use of hotels. As part of its operating function, it undertakes recruitment, training and management of support worker staff who work in the shelters. As required, EPR also contracts externally for casual staff from privately run home care and health services agencies.

At the time of our review, EPR continues to seek and develop emergency resources based upon the principle of maintaining children in the communities. EPR espouses a model of short term emergency care that works with the foster placement system to identify more appropriate long term resources for children. It accepts referrals for emergency placements from all mandated agencies in the city of Winnipeg and from the Intake Units of JIRU. Despite EPR's existence in the City of Winnipeg, workers from across the province advised that they routinely contact the unit to seek an emergency shelter bed for children whose service agency is outside Winnipeg. These external agencies also advise that they routinely access the shelter system to place children who are released from custodial or health facilities, as there is a shortage of resources across the province, particularly in more isolated geographical regions.

The use of EPR by many of the agencies adds to the large volume of requests for emergency placement within Winnipeg that the current system does not have the capacity to fulfill. As such, there is a heavy reliance on the use of hotels staffed by casual contract staff within the city of Winnipeg. While the EPR system continually works to reduce and control the use of hotels as a

placement resource, the lack of available foster care alternatives perpetuate the strain on the emergency placement resources.

Workers across the system, inclusive of agency collaterals expressed concern about a variety of issues prevalent within the emergency resources of EPR. These issues are beyond the scope of this review, but have been formally identified by the Office of the Children's Advocate in a review of Winnipeg Child and Family Services Emergency Assessment Placement Department-shelter system in March of 2004. EPR unit exists as the same system with increased capacity through the addition of third party service providers which is now administratively attached to the centralized intake system of JIRU. As the EPR has committed to the ongoing examination of the recommendations of the OCA there is no need to replicate the issues.

We recommend that the EPR system continue to implement the recommendations of the OCA's March 2004 review of the shelter system, where appropriate.

Comment on JIRU

A centralized intake system should aide in streamlining the large volume of child welfare referrals, in a manner that ensures seamless service delivery that is necessary given the complexity of the provincial child welfare system. As child welfare services in the city of Winnipeg are delivered by 16 mandated agencies, a centralized intake system such as JIRU is essential and should ultimately facilitate a consistent and coordinated approach for families accessing the range of child welfare services outlined in legislation.

The effectiveness of any centralized intake system is dependent upon the leadership, vision, clarity of program parameters and the means in which they are communicated to all agencies involved. The strength of JIRU is the dedicated staff, committed to the protection of children. They operate in a system which has not implemented nor communicated clear program parameters around the services they provide. In the absence of these guidelines, staff rely upon their professional knowledge, best practice, and basic common sense.

We recommend that $1,000,000 be allocated in 2006/07 to begin the process of planning, recruiting and training for additional foster homes for emergency placements for children as an alternative to placing them in hotels with contract care, or in shelters; and that this be a process of continuous recruitment not a targeted number recruitment.

We recommend that the savings achieved through this process be reinvested in the continuous recruitment of these foster placements.

We recommend that the system be designed with the necessary flexibility to allow and encourage emergency foster placements to be converted to regular foster placements where a bond is created between the child and the foster care provider.

We recommend that the Authorities and the Branch who are jointly responsible for the protection of children in the province be responsible to ensure that JIRU is functioning effectively and appropriately before it becomes an agency in its own right. Because of the numbers of children and families who come into contact with JIRU and because each authority has agencies for which JIRU will do intake, it is appropriate that it remain under

the guidance of the CWS until all issues are resolved and the members of the Standing Committee are satisfied JIRU is functioning to mitigate risk to children.

We recommend that the responsibility of JIRU to provide information to workers from other agencies from CFSIS be transferred to the CWS.

Designated Intake Agencies (DIAs) – Outside Winnipeg

Many of the problems afflicting JIRU also impact other DIAs and relate to the concept, design and implementation of the centralized intake system within the province. These problems are exacerbated at JIRU by the volume of referrals and the large number of agencies with which JIRU interfaces. Notwithstanding JIRU's complexity, the other Designated Intake Agencies (DIAs) within the Province have reported experiencing similar issues. The extent and complexity of the issues is dependent upon the number of agencies the DIA interfaces with. Our consultations across the province revealed that the fewer number of agencies involved with a DIA, the less likely there are issues around communication, internal service barriers, and the need for program parameters. DIAs on reserve operate from a community based model of service delivery, whereas off reserve DIAs operate on an integrated model. This section outlines the issues identified within the 13 other DIAs across the province.

Many of the agency directors responsible for the centralized intake services in the various regions identified both administrative and operational issues that impact upon the DIA. The costs of operating a DIA was identified by all regions as being the most pressing issue. Our review team did not find a single DIA that believed that they were adequately resourced to perform the intake function on behalf of other agencies in their region. Many agencies advised that they were redistributing resources from other service delivery areas to ensure that adequate resources were able to operate the front door of the system. Other agencies indicated that they are operating the intake function by taking operational dollars and placing them into service delivery to ensure that intake is staffed at an appropriate level to address the volume.

Inadequate staffing at Designated Intake Agencies is also contributing to the inability to deliver the services required. It has been reported across the province that staffing numbers at DIAs are not compatible with the volume of calls, nor do they account for factors such as the size of the region the DIA serves, the amount of time spent traveling to the location, the complexity of some of the cases at intake, or the administrative paper requirements of the system. The result is staff who are over worked and burning out, and ultimately service delivery suffers. The impact is evidenced when files are transferred more quickly with less detail and information being gathered to complete a more thorough assessment.

The DIAs also report the current funding structure as being a major barrier to the delivery of intake service. Agency managers across the province advise that costs of operating a DIA on direct billing system fails to account for the unknown volume and the range of referrals to the child welfare system. Although the legislation outlines the scope of services to be provided by the system, the DIAs are not funded for family support and community development activities that would normally encapsulate the range of services offered under Part 2 of the Child and Family Services Act. Some agency workers advised our review team that the DIAs lack of available preventative and support resources means that more emphasis is placed upon child protection referrals. Consequently, the majority of investigations undertaken often result in

children coming into care, which is often incompatible with the vision of the other agencies. It was identified that in some regions there is a philosophical difference in looking at the minimum capacity of families to meet a child's basic needs, provide basic care, and ensure safety. Where there is more tolerance of risk, and community based programming, there is less emphasis on bringing the children into care. The funding levels of the DIA are incongruent with the philosophical differences and approaches to service delivery among the partnering agencies which does little to promote collaboration among them.

Each DIA advised our review team that insufficient resources are a significant service barrier to provided timely and appropriate services for children and families. In particular, each region identified the lack of available placement options as particularly problematic. Prior to centralizing the intake function, the shortage and lack of sharing of placement resources across the system impacted upon the quality of service delivery. With the DIA serving multiple agencies, the resource crisis is heightened, as emergency placement resources have not been attached to any of the DIAs. As a result, all DIAs report a routine reliance on hotels and contract staff. Our consultations across the province reveal that hotel use is monitored daily at JIRU, but there is no current tracking mechanism to monitor the use of hotels outside of Winnipeg. In some regions, hotels are the only emergency placement option for children.

Through the process of our review, our team learned from the various DIAs that the Authority Determination Protocol has become a central component of the intake process. It is a requirement of all intake workers to complete an ADP for a family who has not received child welfare services within the last 12 calendar months. While the ADP is of significant importance to the AJI-CWI system, on-reserve agency workers advised that it can be confusing for families as they either only expect to work with the on-reserve worker or in cases where they choose another Authority, they are surprised to discover that they are still being served by the same agency/worker. To lessen the confusion for families, some agencies' workers have advised our review team that they do not complete an ADP for on-reserve families.

We were advised that the timing of the ADP completion has created some problems for front line workers and families. Our review has found that many families are aware that they have the capacity to choose which Authority they wish to receive services from. However, they are being asked to choose a service Authority at a time when they are in crisis or when they are not able to make informed decisions. It has been reported that the forms are lengthy and non-voluntary families are skeptical about signing any document once their children have entered into agency care. Furthermore, completing the ADP at the point of intake can create a service barrier for families. Some families who choose an Authority other than the DIA no longer want to have contact with the DIA worker, or the intake worker does not want to continue with the family and begin to build a relationship with the family while the family transfers to another agency.

The unanticipated consequence of the ADP completion at intake is the problems that arise while waiting for the chosen authority to provide services with the DIA continuing to be responsible for the case. Where families do not wish to continue working with the DIA, they are contacting multiple agencies in crisis. The ADP, and the subsequent transfer, indirectly creates a gap in service for families who are then encountering the after-hours system (at the DIA or JIRU) in crisis.

Interviews across the province revealed significant concerns about the current operational structure of the After-hours system within the various DIAs. Workers and supervisors in the DIAs highlighted concerns about the lack of clarity and communication surrounding the roles and responsibilities of the after-hours function, the reluctance to share case information, the lack of compliance with CFSIS, and the inconsistent coordination of service between the DIAs and the agencies with which it interfaces. These are all concerns that have been discussed in the previous section on JIRU. There is a discrepancy amongst all DIAs, JIRU and the other agencies about what type of issues or referrals are considered to be an after-hours function. This issue has gone to the Authorities for resolution.

A particular concern to both the on and off reserve DIAs is the operation of after-hours as an on-call system. It was reported that the after-hours emergency services is not resourced to be a fully operational service unit. Some DIAs, inclusive of those on reserve, report that their After-hours service is provided by day side social workers. These workers take a turn on rotation answering, and where needed, responding to after-hours emergency calls. One DIA is not adequately funded to operate an after-hours unit. This DIA contracts with a third party non-mandated service provider in Winnipeg to answer the after-hours calls and screen for those that require response. When a response is necessary, the non-mandated agency contacts the on-call social worker in the area to attend the call.

Workers and system collaterals expressed concern that utilizing existing social work day staff as a way to respond to after hours emergencies would, and do contribute to worker burnout, high staff turn over and overall reduced quality of services to families. We were advised that after-hours needs to be a fully staffed and operational unit that is accessible to families and responds to emergency crisis in a timely and thorough manner. Furthermore, if the concept of the DIA is to achieve the objective of providing a 24 hour intake and emergency response, it needs to be supported, staffed and funded to a level that enables the agency responsible for the DIA to meet these requirements.

As stated in the section on JIRU, there is a general lack of collaboration and communication among the area DIAs and the agencies they serve. The lack of communication between the DIA and its agencies is compounded by the lack compliance with and use of CFSIS and the IM. This is particularly problematic for the DIA as they are not afforded the same level of access to CFSIS and the IM as JIRU has with the larger system. Workers in the regions report duplicating the work of another DIA when a family moves from one area of the Province to another. Furthermore, the DIAs reported that problems are magnified when an agency in their region is not using CFSIS at all, as the DIA has no way to verify whether a family is receiving services from another agency.

Effective communication and collaboration is reported to be more important in the DIAs outside of the City of Winnipeg as these DIAs have to cover a larger and more remote geography with fewer child welfare resources and even less collateral resources available in their communities. Our review team was advised that in one region of the Province the lack of available resources has resulted in greater collaboration between the DIA and the agencies with which it interfaces. This region reported that it began to develop joint steering committees comprised of service workers and managers to address issues. These steering committees specifically examine intake processes and resource development in the region with a view to sharing and collaboratively determining how minimize duplication and also maximize their ability to efficiently provide a

range services to meet the needs of families. This type of collaboration should be commended and should be initiated and encouraged by agency's executive managers in all regions of the province. Unfortunately, our review found that this level of collaboration among agencies is an anomaly within the system.

We recommend that the DIA after-hours system in the various geographical regions operate with a full complement of staff who are not already employed in social work positions during the day, regardless of whether after-hours operates on an on-call basis or as an operational unit.

We recommend that the DIA function outside of Winnipeg and on-reserve, be adequately funded to allow for the delivery of the range of support and preventative services prescribed under legislation.

We recommend that all DIAs have access to CFSIS other than through JIRU.

We recommend that a service delivery steering committee be established in each region to promote the sharing of information, collaboration of resources, coordination of seamless service delivery among the DIA and the agencies. This should be promoted and encouraged by the Authorities.

We recommend that adequate funding be made available for increased emergency care resources outside the city of Winnipeg, and that these resources be accessible to each DIA.

Transfers

The scope of our review has included transfers from a DIA to ongoing service within the same agency, from a DIA to ongoing service at a different agency, from one agency to another within the same authority or from an agency in one authority to an agency in another authority. We will also be discussing the transfer of cases that occurred over a two year period during the AJI-CWI transfer process in terms of the lasting impacts of those transfers on the child welfare system and workers' ability to serve their clients. Regardless of where the transfer is from, or where it is going, we define "transfer" as a change in responsibility for the provision of service from one person or organization in the child welfare system to another.

The CFS Authorities Regulation, subsections 10(1) to (6) provided for the transfer of existing files during the AJI-CWI process. As of November 24, 2003, every agency was required to complete the ADP with the children and families to whom it provided service. The exception was permanent wards who were not given the opportunity to choose their authority of service unless there was an independent living arrangement or the child was a parent or expectant parent. Otherwise, a permanent ward's authority of service was determined to be their culturally appropriate authority. Once the authority of service was determined, the agency had to arrange to transfer responsibility for the child or family and forward their agency service records to the appropriate receiving agency as determined by the authority of service. Prior to transferring responsibility, the sending agency had to receive written confirmation from the receiving agency that it would accept the transfer.

A similar process was set out by the Joint Intake and Emergency Services by Designated Agencies Regulation and the Authorities Regulation regarding transfers in the current system from a DIA to an ongoing service agency. Once the ADP has been completed and an authority of service has been chosen, the authority of service must determine the appropriate agency to provide ongoing services. The DIA must then transfer responsibility for the child or family to the appropriate receiving agency and forward the child's or family's service records to that agency. However, the DIA must receive written confirmation of acceptance prior to transferring to a receiving agency.

In some circumstances, there may also be legal steps required in order to complete a transfer. For example, where a child has been apprehended and there has been an application to court for a protection hearing, subsection 28(2) of the CFS Act provides for the apprehending agency to apply to court to have another agency substituted for the apprehending agency for the purpose of the hearing.

There are also provisions allowing for transfers of guardianship or supervision. Subsection 49(1) in the CFS Act states that the minister may transfer guardianship of a child from the director or agency to another agency or to the director. Subsection 49(2) states that the director may transfer an order of supervision from one agency to another. Pursuant to Subsection 49(3), where a transfer is made under either of the above subsections, the agency or the Director to whose guardianship or supervision of the child is transferred shall, from the date of the transfer, be deemed to be for all purposes the agency named in an order respecting the child.

Standards

The decision to transfer arises most often because of the assessed need for ongoing service for a child or family, the completion of an ADP which indicates the choice and culturally appropriate authority of the family, or that a family has relocated to a different jurisdiction and continues to require child and family services. The current standards for case transfers can be found in subsection 1.1.6 of The Child and Family Services Standards Manual (2005) (the manual). The manual places responsibility on supervisors to ensure that standards are met in the case transfer process. We have not included the requirements for transfers of cases outside of Manitoba.

The manual emphasizes the role of the supervisor with regard to all transfers and the specific requirements of transfers within and between agencies. It states that the case manager's (or intake worker's) supervisor authorizes and manages all case transfers; ensures that the case manager has complied with intake standards where applicable; ensures that the intake worker or case manager has administered the ADP and advised the family or child of their options, ensured that the intake worker or case manager has obtained written consents as required under Section 76 of the CFS Act or section 103 of *The Adoption Act*; ensures that appropriate action has been taken when a child is or might be in need of protection; ensures that service plans and decisions are current; ensures the case manager has notified service providers and in the case of a child in care, caregivers involved in the case, of the transfer and transfer date, new case manager and how to contact the worker and agency.

Additionally, when transferring a case to another agency in the province, the supervisor ensures that the receiving agency provides written agreement or confirmation that it will assume responsibility for the case and the date it will do so before transferring the case. As stated under

subsection 1.1.1 of the manual, the receiving agency has 5 working days from receipt of the transfer request to respond in writing whether it will accept responsibility for providing ongoing services.

The "sending" agency supervisor ensures that the case record is forwarded to the receiving agency by the transfer date with appropriate documentation which includes recent information on the persons in the case, assessment and planning information, family service documents, court documents, and monitoring and review information. The manual states that when transferring supervision of a child in care, the receiving agency is to be provided with a completed transfer summary including the case plan and updated service description for that child.

With regard to Authority Determination Protocol Transfers, the Manual states that when administration of the ADP determines that a case must be transferred to an agency of another child and family services authority, the supervisor also ensures that the case is transferred within 10 working days from the time the referral is received providing the safety of the child or the integrity of a child protection investigation are not compromised. The standards also allow for a time frame agreed to between the transferring and receiving agencies or their respective child and family service authorities.

When transferring a case within an agency, the Manual recommends that the supervisor assign cases to case managers who have had positive relationships with the family in the past or in the course of the intake process. The Manual also recommends that the supervisor meets with a family or child requesting a transfer to address any issues when the transfer is to address client dissatisfaction or a request for a change of worker or agency.

With regard to transfers of guardianship or supervision of children, the Manual describes several tasks that the supervisor must ensure are completed in the course of transferring. The supervisor ensures that the case manager has completed or attached all required documentation including a copy of the letter from the sending agency to the receiving agency requesting the transfer, a copy of the letter from the receiving agency agreeing to the transfer including the case plan for the case, the order of guardianship, voluntary surrender of guardianship or order of supervision, as the case may be, the provincial Transfer of Guardianship form to be signed by the executive or regional Director, and a memo to agency's authority to be signed by the executive or regional Director requesting the authority to verify that all information is accurate and complete and to forward the package to the Director of Child and Family Services for approval.

Our consultation across the province revealed that many agencies believe they are not meeting the timelines for case transfers as set out under the standards. Most intake teams or workers and supervisors advised us that receiving agencies were not accepting transfers within the 5 day period as set out in the standards and in many instances, cases were awaiting acceptance for several weeks. Conversely, agencies receiving family service cases indicated that cases were transferred too quickly, with missing or incomplete information or assessment, while some agencies complained about the lengthy delays for cases to be transferred to ongoing service. All agencies discussed the impact on families who were waiting for ongoing service to be provided in terms of uncertainty as to who would be providing ongoing service and case planning. This was also seen to exacerbate workload issues as supervisors would be required to initiate more contact with receiving agencies to negotiate transfer dates while workers would receive calls on

cases not yet assigned to them (still at intake) or intake workers continued to provide service on cases which were awaiting transfer.

Issues

The majority of transfers within the child welfare system are transfers from intake to ongoing service whether they are within the same agency or to a different agency. Based upon information gathered in our site reviews, we have identified three main concerns regarding the current transfer of cases that impact on the quality of service provided to families in Manitoba. Firstly, agencies throughout the province have indicated that the standards regarding timelines for transfers are not being met. Secondly, we have heard that the service records that are being forwarded from sending agencies to receiving agencies are often incomplete and do not contain sufficient information to allow for the transition to ongoing service. Thirdly, there appears to be a lack of clarity regarding the role and responsibilities of intake agencies and ongoing service agencies.

Delays in Transfers

As mentioned above, subsection 1.1.1 of the Manual states that the receiving agency has within 5 working days of receiving the transfer request to respond in writing if it will accept responsibility for providing ongoing services. The sending agency cannot transfer the case until it has received written confirmation of the acceptance of responsibility. We have heard from both sending and receiving agencies throughout the province that this standard regarding the transfer of cases is not being met with the result that families are not receiving timely service. The delay in transferring cases from intake to ongoing has also led to confusion amongst families as to who is providing service while their case is "in transit". Sending agencies reported that they continue to receive calls from families whose files have been transferred, while receiving agencies reported receiving calls from families whose files had not yet been transferred.

At site reviews conducted throughout the province, the review team heard that transfers typically take anywhere from two weeks to two months to be completed. Both sending agencies and receiving agencies cited several factors that contribute to the delays.

Workers and supervisors at sending agencies advised that the administrative requirements regarding intake have become increasingly demanding, time-consuming and cumbersome, which has added to already existing workload issues. We were informed that for each file, a supervisor has to complete four reviews in the Intake Module from initial intake until conclusion. Some intake workers reported that over half of their time is now spent entering data into the Intake Module with the result that more time is spent on the computer and less time is spent making contact with families. One intake agency indicated that they have a backlog of intakes of two to three months waiting to be transferred and that this is representative of the time it takes for intake workers to gather the information required for intake, enter the information on the Intake Module and have the supervisor review the information and approve the transfer. Workers indicated that families are being placed at risk while they are trying to manage intake calls and walk-ins on increasingly complex cases while also meeting the demands of the electronic information gathering process.

In addition, with the introduction of jointly designated intake units, intake agencies are now representing all four authorities and are responsible for arranging transfers to each of them. This has added to the supervisors' duties as they must now communicate with a number of different receiving agencies in order to confirm that they will accept responsibility for providing ongoing services. This has meant that supervisors have less time to supervise and provide mentorship and guidance to workers.

Another administrative requirement identified by workers as impeding their ability to complete timely transfers is the ADP. Workers have indicated that the completion of the ADP has added another step to the intake process. As the impact of the ADP was discussed in detail in the Intake section of this report, we will not comment here except to state that staff indicated that this can be a time-consuming process especially since a significant amount of travel may be required to complete the ADP forms with families.

Although workload and human resource issues are discussed elsewhere in this report, it is worth noting that it was generally acknowledged throughout the province that high workloads and lack of staff contributed to delays in transfers.

The review team also heard of difficulties with receiving agencies either delaying acceptance of transfers for ongoing service or refusing to accept them altogether. Some receiving agencies indicated that cases are being refused as they do not have the resources to accept them for ongoing service. In these circumstances, sending agencies advised that they are responsible for providing service until the file is transferred, which further impacts their workload creating further delays.

Another factor contributing to delays is the process prescribed by subsection 28(2) of the CFS Act regarding the transfer of responsibility for protection hearings. As outlined above, where a child has been apprehended and there has been an application to court for a protection hearing, the apprehending agency, usually intake, may apply to court to have another agency, the ongoing service agency, substituted for the apprehending agency for the purpose of the hearing. Intake agencies have indicated that they are responsible for preparing the court documents necessary to complete the transfer and then must serve the parents with those documents. These steps, along with the delays in the court process itself, further add to the length of time it takes to transfer a file to ongoing service.

Agencies' attempts to reduce the delays in transferring files have led to other challenges. For example, some agencies that are not designated to provide intake services will do their own intakes rather than send referrals or requests for service to the appropriate DIA. Agencies have explained that in this way, they are able to begin providing services to their families immediately rather than wait for the matter to be transferred through the ADP transfer process. However, these agencies have also noted that they are not funded to provide such intake services and funds must be taken from other programs in order to provide timely service to their families.

Intake agencies have also indicated that as a result of the time pressures, certain steps in the intake process may be missed or only partially completed. For example, we have heard that workers do not have time to enter all of the information required by the Intake Module. As a result, supervisors are overriding some of the requirements and/or information is being "misrepresented" in order to move to the next screen in the program. Agencies have indicated

that it is not possible to complete all of the administrative paperwork requirements and also meet the standard for transferring files. As such, files are sometimes being transferred without all of the appropriate information and documentation.

We recommend that to achieve the time frames for a case transfer throughout the province, if a receiving agency does not accept the transfer within the time frame prescribed by the standards, the sending agency will forward the case record and appropriate documentation to the relevant authority for transfer to the receiving agency.

We recommend that there be scheduled meetings among agencies operating in the same region to discuss and resolve barriers to acceptance of cases at transfer.

We recommend that court documentation required for a protection hearing be amended to permit a concurrent application for transfer pursuant to Subsection 28(2) of the CFS Act.

Missing or Incomplete Information

Subsection 1.1.6 of the Manual outlines the information that a sending agency must send to a receiving agency at the time of transfer. It requires that a case record be forwarded to the receiving agency by the transfer date with appropriate documentation including the most recent information on persons in the case, assessment and planning information, family service documents, court documents, and monitoring and reviewing information. When the supervision of a child in care is being transferred, the sending agency must provide a completed transfer summary including the case plan and an updated service description.

Workers' experiences with the adequacy of information and types of documentation received from intake agencies is inconsistent. Both intake and receiving agencies have indicated that the quality of information transferred from intake may vary from worker to worker and supervisor to supervisor within the same agency. In some cases, receiving agencies indicated that sufficient information was received, but in many cases we heard that files are being transferred without the information required by the standards. For example, receiving agencies have indicated that in some instances, files have been transferred from intake with missing or incomplete social histories, assessments and transfer summaries.

We have heard that files have been transferred without information as to where the child has been placed. This has had an impact on receiving agencies' abilities to provide ongoing service.

In some cases, workers indicated that they were unable to determine from the information received on a file whether risk had been mitigated by the intake agency. As a result, they are faced with contacting families with little or no information regarding the family history or the particular situation.

Workers have reported that the lack of information impedes their ability to work with the family and assess reunification or risk. The families' transitions from intake to ongoing service are not occurring smoothly and workers advised that they are gathering their own information on files received from intake before they can begin case planning and working with a family. Some workers indicated that they have to start from the beginning and complete their own histories and assessments.

The lack of information provided at transfer is compounded by the difficulties that receiving agencies experience in trying to obtain the information later from archived files or the CFSIS system. Workers advised that written requests must be completed in order to obtain information from archives and described delays of one week to several months waiting to receive that information. Again, this prevents agencies' from providing timely service. It may also put workers in danger where they are faced with emergency situations requiring immediate response, but are unable to obtain information regarding a family's history and previous interactions with the system.

Workers also indicated that their limited access to other agencies' information on CFSIS impedes their ability to obtain missing information in a timely manner. As the issue of the information management systems has already been discussed, this section of the report will not canvass this area in great detail except to indicate that the majority of workers we met with indicated that increased access to other agencies' information on CFSIS would assist with their efforts to provide ongoing service to families in a timely and effective manner.

Some ongoing service workers indicated that they will contact the intake worker directly in order to obtain information that is not available to them on CFSIS. Workers reported varying degrees of success in obtaining information this way and the level of cooperation received was often dependent upon personal relationships an individual worker may have established with staff at intake.

As mentioned above, increased administrative requirements, pressures to transfer files within the prescribed timelines and general workload issues have contributed to the lack of information being provided on transferred files. Further, as a result of understaffing and the volume of intakes, they do not have the time or resources to fully complete the information required. In these circumstances, it appears that workers are aware of the information that must be sent, but are sacrificing the quality of the information in order to meet other requirements.

We heard that at times, the volume of intakes prohibits information from being entered on the Intake Module, which can result in other agencies not even knowing that a case exists. As a result, families may be in contact with and receiving services from more than one agency.

In some instances, it appears that there is lack of clarity regarding the role and responsibility of intake agencies and the information that is to be included with a file on transfer. Some workers indicated that although there is a checklist of information that must be provided on a transfer, this checklist is not followed by all workers and supervisors are approving transfers without enforcing the standard. As such, workers are receiving inconsistent messages as to the expectations regarding the type of information and the quality of the information that is to be included with a transferred file.

In general, workers did not identify an effective way of obtaining information that was missing or incomplete at transfer. In some cases, receiving agencies indicated that they would refuse to accept a file where information was missing or incomplete. However, agencies are reluctant to do this as it results in further delays to families receiving ongoing service. Some receiving agencies indicated that in order to ensure seamless transition from intake to ongoing, they require case consultations to occur on each file transferred prior to accepting responsibility for a file. By

contrast, other agencies indicated that case consultations are not feasible given the volume of cases and other demands on workers' time. More often than not, it appears that receiving agencies are accepting files "as is" and conducting their own intake interviews and assessments where the information received is deficient.

We recommend that the standard regarding the type of information to be included with a file at transfer be enforced.

We recommend that staff receive training regarding the completion of the documentation required at transfer to ensure that adequate and complete information is included with the case record.

We recommend that case consultations occur between sending and receiving agencies, upon the request of receiving agencies that have not received adequate information at transfer, in order to facilitate the transition to ongoing service.

Role and Responsibility of Intake Agencies and Ongoing Service Agencies

With the introduction of designated intake agencies, it is now more common that families will be in contact with more than one agency. During our consultations with both intake and ongoing service agencies, it became evident that there is a lack of clarity as to the division of responsibilities between the intake function and the ongoing services function. Where transfers from intake to ongoing service occur within the same agency, this may pose less of a concern. However, with respect to transfers between different agencies, the lack of clear guidelines regarding the responsibilities of intake and ongoing service has had a significant impact on service delivery.

Throughout the province, we heard of conflicts between sending and receiving agencies regarding who is responsible for completing certain tasks. There did not appear to be any consensus as to when a file is ready to be transferred from intake to ongoing. Sending agencies felt that receiving agencies expected too much to be completed at the intake level and receiving agencies often commented that files were being transferred from intake prematurely.

Both sending agencies and receiving agencies have commented on the impact that differing philosophies or approaches to child welfare between the two agencies can have on service delivery. We heard of examples of ongoing service agencies receiving files where they believed the children were at high risk and should have been apprehended at intake. We also heard of cases where children were apprehended by intake and the ongoing service agency questioned the basis for the apprehension.

Further, where apprehensions were conducted by a DIA, workers indicated it is not clear which agency should follow the apprehension through the court process. Sending agencies expressed the view that ongoing service agencies are in a better position to handle protection hearings as they are more familiar with the families. As such, they favour transferring responsibility for the hearing to receiving agencies pursuant to Subsection 28(2) of the CFS Act. Intake workers also felt that where section 28 transfers were carried out, it should be the responsibility of the receiving agency to serve the parents with the court documentation. Once again, the rationale

was that the ongoing service worker would be known to the family and be in a better position to conduct the service.

Some ongoing service workers agreed that the most appropriate course of action would be to transfer the apprehension matter to the receiving agency especially where the receiving agency already has a file open with that family. They indicated this would be less confusing for the family than dealing with two agencies and would allow for consistency and continuity in the provision of service.

However, some workers at receiving agencies indicated it was their understanding that intake agencies would be responsible for seeing apprehensions through the court process prior to transferring files. However, they indicated that this has not been their experience and files are being transferred to them under Section 28. They have objected to appearing at protection hearings and testifying based upon information collected by the DIA. It was their view that the workers who conducted the apprehension would have more knowledge as to why the apprehension was undertaken and be better equipped to testify to this in court.

Additionally, as touched upon above, agencies cited divergent approaches to situations where an intake agency receives an intake regarding a family that is already receiving service from another agency or has recently had a file closed by another agency. Some intake agencies expressed resistance to having to provide intake services on these types of cases. There was a feeling that the ongoing service agency should handle these matters as they are more familiar with the families. In some cases, the ongoing service agencies agreed and as mentioned above, some prefer to conduct their own intakes in order to provide more timely service to their families. However, other ongoing service agencies indicated that they are not funded to provide intake services and it is their view that designated intake agencies should be providing the services they are funded for and were created to provide.

Some intake agencies have also indicated that there has been a reliance on the DIA by receiving agencies to provide ongoing service even after the file has been transferred. This has occurred in situations where the receiving agency does not have a presence in the community. Intake agencies have indicated that in some instances, they will provide courtesy services for agencies that do not have a presence in the community where the other worker contacts them directly and requests assistance. However, some intake workers reported that ongoing service workers have instructed their families to contact the DIA for service without first consulting with the DIA to determine whether the DIA would agree to provide such services. Intake agencies have indicated they do not have the time or resources to provide services in these cases.

In some areas, we heard that protocols are being developed between sending and receiving agencies in order to better define the roles of each. However, in some instances the procedures that are being developed in one region may not be appropriate in others. For example, we heard of a particular policy that was developed for use in Winnipeg by the Joint Intake Response Unit, but has been applied in other regions of the province. The policy requires that transfer summaries be completed for all transfers from the Intake Module to CFSIS. While such a policy may be appropriate for JIRU, which transfers many of its files to different agencies, we heard that in smaller rural areas where transfers from intake to ongoing occur within the same agency, the result is that workers are completing transfer summaries to themselves.

While some agencies may be collaborating on protocols defining the roles and responsibilities of intake and ongoing service agencies, in most instances, we heard that there are no clear procedures or guidelines delineating these responsibilities. Workers advised that there is no consistency in terms of the types of matters that should be handled at intake and at what stage a matter should be transferred. Workers felt the timing of transfers were "arbitrary" and commented that the rules are constantly changing.

We recommend that meetings occur between designated intake agencies and the agencies they serve in order to develop protocols delineating the roles and responsibilities of intake agencies and ongoing service agencies.

Service Delivery Issues Related to AJI-CWI Transfer

As outlined in the introduction to this report, a review of AJI-CWI is beyond the scope of this review. However, during our site reviews, we heard from agencies regarding some of the impacts of the transfers that took place over a two year period during the AJI-CWI devolution. Where the impacts of those transfers continue to present issues with respect to ongoing service to families, we felt it was important to comment upon those issues in this report.

For example, many agencies indicated that files were transferred with missing or incomplete information and that this is still having an impact on their ability to provide service today. Many of the issues raised above with respect to information being missing or incomplete on transfers from intake to ongoing service apply to the AJI-CWI transfers as well. Receiving agencies outlined difficulties and delays in obtaining missing information from archived files and CFSIS. Workers indicated that while they were aware that more information could be obtained through archives, the volume of cases they received at transfer meant they did not have the time to attend at archives to locate and copy the missing information. Again, workers indicated that their limited access to other agencies' information on CFSIS contributed to their inability to obtain complete information. They advised that rather than spend further time attempting to obtain the information from the sending agency, they worked with their families to build on the information they received.

Further, we heard of instances where permanent wards were transferred to inappropriate agencies through the ADP process. As mentioned above, in most cases, permanent wards did not have the ability to choose their authority of service and were transferred according to the determination of their culturally appropriate authority. We were advised of cases where children with treaty status were not transferred to either of the First Nations authorities. As such, these children are not receiving service from their culturally appropriate authority, which was the intent of the AJI-CWI, and may not be accessing federal funding to which they are entitled. Further, transfers to inappropriate authorities create issues with respect to adoption as different authorities and agencies have different philosophies regarding adoption.

We also heard about siblings whose culturally appropriate authorities were identified differently according to the ADP. These siblings were then transferred to different authorities of service, which now interferes with agencies' abilities to make concurrent plans for siblings regarding visits and placements. In the workers' views, siblings should be receiving service from the same authority. Because permanent wards did not have a choice regarding their authority of service, it was not clear whether they could request a change under the regulations that provide an appeal

process under the ADP. Workers speculated that Executive Directors of agencies may be able to request a change or make an appeal under the ADP on behalf of permanent wards. However, workers also indicated that steps are not being taken at this time to reunite siblings or transfer mismatched children under the ADP to culturally appropriate authorities as receiving agencies are still in transition and need to stabilize first. Workers indicated that at this point, it is their first priority to make sure children's immediate needs are being met.

Nonetheless, in order to prevent children from being separated in the future, workers indicated that there should be a coordinated system between all agencies notifying workers if new siblings are born to a family. Workers indicated that they are currently unable to search for birth families on CFSIS because their access to other agencies' information is restricted. It was noted that only the General Authority and the Metis Authority have permanent ward units and it was suggested that if the Northern and Southern Authority also had such units, they could coordinate the tracking of siblings. However, it was also recognized that even if the Northern and Southern Authorities had permanent ward units, philosophical differences would continue to exist between authorities, which could interfere with planning for siblings. Workers indicated that the most appropriate alternative would be to have siblings served by the same agency.

We recommend that a review be conducted of the family histories of all permanent wards to ensure that siblings are served by the same authority and agency and to the extent possible that they are placed together.

We recommend that the necessary steps be taken for the future to ensure that siblings are served by the same authority and agency to avoid the system creating further fragmentation of children's families.

We recommend that efforts be made to ensure that permanent wards whose culturally appropriate authorities were misidentified during AJI-CWI be transferred to their culturally appropriate authority.

Ongoing Service Delivery

Services to children and families are provided pursuant to Part II (Services to Families), Part III (Child Protection) and Part IV (Children in Care) of the CFS Act.

Services to families under Part II of the CFS Act are voluntary and agencies are not required by the legislation to provide the services requested by a family except in the case of services requested by a minor parent under subsection 9(2). Subsection 9(1) of the CFS Act states that a family member may apply to an agency and may receive from the agency counseling, guidance, supportive, educational and emergency shelter services. Some of these services may include special needs services, emergency assistance including food, clothing and transportation, day care service and homemaker service.

Part II also allows a parent, guardian or other person with actual care and control of the child to enter a voluntary placement agreement ("VPA") with an agency for the placement of the child without transfer of guardianship. This process is governed by subsections 14(1) to (6) of the CFS Act. A VPA may be entered where the person is unable to make adequate provision for the care of the child because of illness, misfortune, or other circumstances likely to be of temporary

duration. In these situations, the VPA must not exceed 12 months and the period of the VPA together with all renewals of the VPA must not exceed 24 months. A VPA may also be entered where a person is unable to make adequate provision for the care of the child because the child has a mental disability as defined in *The Vulnerable Persons Living with a Mental Disability Act;* is suffering from a chronic medical disability requiring treatment which cannot be provided if the child remains at home; or is 14 years of age or older and beyond the control of the person entering into the VPA. In this case, the VPA must not exceed 12 months, but may be renewed on an annual basis until the child reaches the age of majority.

There are also provisions for a parent or guardian to voluntarily surrender guardianship of a child to an agency. Subsections 16(1) to (14) of the CFS Act govern this process. Pursuant to subsection 16(9), upon the signing of a surrender of guardianship, the rights and obligations of the person surrendering guardianship with respect to the child are terminated.

Part III of the CFS Act places a responsibility on agencies to investigate where there is reason to suspect that a child is in need of protection and take such steps as are required for the protection of the child. Subsection 17(1) states that a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person. Some examples are set out in subsection 17(2) (Appendix 9).

Where there are reasonable and probable grounds to believe that a child is in need of protection, subsection 21(1) authorizes the Director, a representative of an agency, or a peace officer to apprehend the child without a warrant and take the child to a place of safety. Upon apprehending a child, the agency must make an application to court under subsection 27(1) to determine whether the child is in need of protection. At the protection hearing, a judge may make a variety of orders.

In addition to its obligation to investigate where a child might be in need of protection, section 18.5 requires an agency to refer a matter to its child abuse committee if there is information that a child is or might be abused. Each agency is required to establish a child abuse committee to review cases of suspected abuse and to advise the agency concerning what actions are required to protect the child. It is also the responsibility of the committee to form an opinion as to whether a person abused a child and whether the name of that person should be entered in the child abuse registry. The CFS Act and the Child Abuse Regulation set out guidelines for the establishment and operation of the child abuse committees.

Part IV of the CFS Act sets out the agencies' rights and responsibilities regarding children in care. Section 48 provides that as the guardian of a child, the Director or agency shall have care and control of the child, be responsible for the maintenance and education of the child, and act for and on behalf of the child. Subsection 50(1) specifies that guardianship terminates when a ward marries or attains the age of majority, but subsection 50(2) indicates that with the written approval of the Director, an agency may continue to provide care and maintenance for a former permanent ward until the age of 21 for the purpose of transitioning to independence.

Standards

Ongoing service delivery within child welfare generally refers to the full range of services provided to children and families by child and family services agencies following the initial

intake disposition. As referenced in the intake and transfer sections of this report, the transition from intake to ongoing service involves the movement of a case from the initial phase of intake to assessment, planning, service provision, evaluation and completion as indicated in The Child and Family Service Standards Manual (2005) in Chapter 1. These phases involve work with families and therefore the phases of casework may overlap and are complex and challenging. Structurally, as described, some agencies are designated intake agencies so that any ongoing service is provided by another agency or service unit, while other agencies may have workers who provide full service, from intake to completion, without transferring. Regardless of the structure of the service delivery, the requirements in the standards for the provision of ongoing service are significant and can be voluminous, depending on the nature of the child or family's issues, presenting concern or request for service.

As stated in the opening framework section on standards in this Report, the requirements for ongoing service relating to the case management process have been revised by the province and can be found online in The Child and Family Service Standards Manual (2005) in Chapter 1. These standards reflect the general process of managing a case from intake to completion. To meet the broad mandate of the CFS Act however, and to provide specific services required by families and children, the province sets out further service standards and requirements under the headings of Services to Families, Child Protection, Children in Care, Foster Care and Adoption Services. Each of these chapters sets out the required standards for tasks and specialized practices under the service area. For example, under Services to Families, the standards include those for voluntary family services, child day care services, family support, the voluntary placement of children, service agreements and voluntary surrenders of guardianship. The Chapter on Child Protection deals with the specific and detailed standards involving and relating to child protection investigations, while Children in Care sets out more specific standards for children in agency care.

As stated in the framework section, the introduction areas to each of the above noted chapters have been revised, however most of the specific standards which fall into the categories of Services to Families, Child Protection, and Children in Care are in the process of revision or the required standard is referenced in the Program Standards Manual (1988), also to referred to as the remnants package. Please refer to the Revised Draft Outline for Standards Manual in (Appendix 13) regarding the required standard for a specific area of practice or service. The chart indicates those standards which have been revised and are on-line, those which remain in the Program Standards Manual of 1988 ("PSM") or those which are in draft and have yet to be implemented. The limited scope of this Review does not allow for a further listing or discussion of each standard that must be followed by agencies in the provision of ongoing service.

Information from agencies revealed that agency staff were overwhelmingly concerned that they are unable to meet the standards for client contact, both with families and children, due to workload demands and in many situations the remote residence of the child or family. The 2005 Manual contains a number of decision points where client contact is necessary. The frequency of contact with families during the ongoing service phase is summarized in Chapter 1, Section 4 under service provision. The Manual sets out the required frequency of contact with families based on risk level assessed at intake and also the frequency of contact required for caregivers and with children in care:

The case manager maintains contact with the family based on the level of risk to the life, health or well-being of children identified in the intake or assessment stage as follows:

High Risk:
- There is one face to face contact at least once a week. At least one of these contacts each month is by the assigned case manager and at least one takes place in the family's home.
- There is a private contact with vulnerable children at least every two weeks.

Medium Risk:
- There is a face to face contact with the family at least once every two weeks. At least one of these contacts each month is by the assigned case manager and at least one takes place in the family's home.
- There is private contact with vulnerable children at least once every two weeks.

Low Risk:
- There is face to face contact with the family at least once a month. At least one of these contacts every three months is by the assigned case manager and at least one takes place in the family's home.
- There is private contact with vulnerable children at least once a month.

No apparent risk:
- Services are based on need set out in the case management plan.

When a child is in the care of an agency the case manager, in addition to maintaining contact with the family:

- Has face to face contact at least once a month with the child's caregiver(s)
- Has face to face contact at least once a month with the child in the child's place of residence.

In our discussions with most agency workers and supervisors, they indicated that they are unable to see families as frequently as the standards require and were particularly concerned about the inability to have contact with children in care once a month as required, due to high caseloads and administrative demands. As stated previously, agencies in rural areas commented that geography also impacts significantly on the frequency of contact with families and that it may be impossible to see high or medium risk families as frequently as the standards require in remote areas where long distance travel is necessitated. Agency staff advised in general that they try to have contact with families and children in care as often as they are able to manage with limited resources.

It is critical to note at this point that all agencies across the province emphasized the longstanding struggle for workers between fulfilling administrative requirements and the provision of good service, or in more common terms, the strain to see children and families and get the paperwork done at the same time. In our meetings at agencies, workers expressed their concerns about meeting administrative and direct service standards, because of excessive workloads demands, and were clearly frustrated and worried about their inability to balance these shifting priorities, resulting in repeated repriorization based on crisis management.

It is within this context, that workers also stated that they have difficulty meeting the required frequency of all administrative or paperwork requirements of casework including contact notes,

authority determination protocols, court particulars, family assessments, child assessments, social histories, referral reports, abuse investigation reports, financial disbursements, requests and forms, child care instruction sheets. (It is important to note that this is not an exhaustive list of the administrative requirements on social workers.) In our discussions, workers made particular reference to the inability to complete family assessments in a timely manner, due to the magnitude of all the other pressing administrative requirements, high caseloads and the importance of direct contact with families and children.

The current standards for family and children's assessments can be found in The Child and Family Service Standards Manual (2005) in Chapter 1, section 2. The standards define what is meant by "family assessment" as well as "child assessment" and indicate when such assessments are required.

> The case manager completes the family assessment and updates, forwarding them to the supervisor:
>
> - Within 30 days of a safety assessment that determined the children were unsafe, an application to adopt a specific child or a request to place a child for adoption
> - Within 60 days of an intake when there were no protection concerns or a safety assessment that determined that the children were safe
> - At least 10 days before any time frame established by a court
>
> The worker updates a family assessment when there is significant change in circumstances such as:
>
> - An out of home placement is required
> - A child is returning to the family
> - A minor applies for income assistance or makes a request to live independently
> - A family requests more service or wishes to end services
> - Adoptive applicants advise of changes that require updates to a homestudy
> - At least every six months when a high or medium risk has been assigned to a case
> - At least annually when a low risk is assigned to a case
> - When a review shows no positive change after three months
>
> The worker does an individualized child assessment:
>
> - within 30 days of the placement of a child
> - prior to returning a child to the family
> - within one month of a family assessment that suggests a child
> - has needs that cannot be managed by the family
> - is likely to be in care for more than six months and in need of permanency planning
>
> The worker updates a child assessment at least annually and more frequently when:
>
> - monitoring suggests the need for a change in services to the child there (for example, before returning a child to the family, or a change in placement)
> - a review shows no positive changes after three months

- a review indicates a need to revise a child's permanency plan (for example, that reunification with the child's family must be postponed or reassessed)

Workers across the province advised us that the completion of family and child assessments, which are lengthy and detailed summaries, are time consuming and many advised that they are not being completed in a timely manner, if at all. Workers and supervisors who were more familiar with the current standards also questioned the frequency with which the family assessments are to be completed, or the circumstances which give rise to the need to record updates.

We noted that most workers in the field acknowledged the importance of completing such summaries in order to record and document the family situation and many workers advised us of their concern about repercussions should such recording not be complete. In virtually all areas of the province, staff from all levels of agencies spoke of their worries about the overall lack of resources with which to manage and provide services to families and the ever present fear of a death of a child on a caseload because of the lack of resources.

Sadly, many spoke of the standards, and specifically the quality or existence of written assessments, as being a mechanism for criticism of the overburdened worker when such a tragedy occurs.

We recommend increase staffing of frontline workers to meet standards for client contact and administration.

Service Delivery Issues

Child protection services

Interviews with workers throughout the province revealed an overwhelming frustration with the system's inability to deliver a range of services as prescribed under legislation. A lack of funding, scarce resources and high caseloads result in narrowing the service delivery focus to child protection services. The majority of workers in the field described the system as continually responding to crisis. Workers advise that they respond to cases based upon the worst case scenario in child protection. This unintentionally creates a level of tolerance for situations that may be considered low risk, which left unaddressed end up becoming a crisis.

The focus on child protection services indirectly shifts workers' time and attention from the needs of families to meeting administrative legal requirements. Workers advised our review team that while a matter is before the courts they spend less time working with the family on the identified intervention plan for the return of the child to parental care, because they are preparing for the court matter. Preparation of court particulars, case notes and meetings with agency legal counsel become the focus during this time. In addition, it was reported that the legal process promotes an adversarial relationship between the worker and the client which impedes many of the attempts made by workers to address the issues that resulted in children entering into care.

Further, timeliness of the court process also impeded workers' ability to work collaboratively with the family towards reunification. Our review team was advised that the ability to promptly complete the court process in child protection matters is greater in Winnipeg than in other

regions. This means that clients have more timely resolutions of child protection matters as there is earlier access to court docket, pretrial and trial dates. Outside Winnipeg, many courts operate on a circuit basis. For some agencies on-reserve, court will occur within the community on a monthly basis. This is more accessible to the family, albeit not as timely as in Winnipeg. For other on-reserve communities' people need to travel to the small urban centers and court attendance can be impacted by geography and weather. It was reported that agencies are not able to provide travel expenses to families to attend court. Some workers will drive the family to the urban center in order to facilitate a family's attendance. The inability to resolve child protection matters before the courts in a timely manner only serves to perpetuate the adversarial relationship.

Outside of Winnipeg, legal services are not as readily available to families. Within Winnipeg, Legal Aid will take applications at court on given days of the week. Outside of Winnipeg there is inconsistency in obtaining Legal Aid services. Some communities report being able to have Legal Aid applications taken over the phone, while others have to wait for the representative to come to the community. Compounding the lengthy wait associated with the court process are the delays created by the workers' inability to fulfill the paperwork requirements of the court, such as particulars, in a timely manner. Workers indicated that the requirements of the court process result in less time spent with other families on their caseload. The court process can be lengthy, resulting in children sitting in limbo under apprehension for longer periods of time.

Agencies across the province have identified that their ability to comply with the legal requirements set out in the legislation is hampered by the lack of available legal funding. General Authority agencies identify legal costs as a component of operational funding. For other agencies legal costs are a component of child maintenance dollars that were billed back to the Province as spent.

Services to families

Every focus group conducted by the review team identified the disparity that exists between the ability to respond to child protection concerns and the capacity to address families' requests for voluntary services. DIAs advised that when families access the child welfare system seeking supportive services such as respite, and in-home support they are referred to social service organizations within the community. However, it was reported that some families do not meet the referral criteria for these programs, yet the agency does not have the capacity to assist in providing the support services families require.

Workers across the province claimed that families on existing service caseloads, where children are at home or are in temporary care, have difficulty accessing services in the community. Some agencies have made administrative decisions to fund a support/prevention unit. The purpose of these positions is to provide support to the family by way of teaching parenting skills, delivering life skill programming, informal counseling and mediation, homemaking skills and facilitating supervised visitation where required for children in care. However, we have learned that due to staff shortages, increased case complexity, and the impact that paperwork, reporting and geography have on workload, these positions have either been discontinued or reassigned to support the work of the child protection unit. Child protection workers in the field have expressed concern that the ability to access preventative programming and supportive services is fundamental to the reunification of children and the preservation of the family unit. The risk of

not providing the supportive services to assist families of children in care results in children remaining in care for longer periods of time.

In order to access supportive and preventative services to families where mandated agency involvement is not required, and where services are not readily available in the community, workers have reported that they are signing a Voluntary Placement Agreement (VPA) with families to secure funding for these services.

A VPA recognizes a parent's need for temporary out of home placement of their child, due to special circumstances, while ensuring the parent retains legal guardianship. When a VPA is used for an appropriate reason, such as out of home placement for a special needs child, or where family circumstances require a time limited out of home placement and child protection concerns do not exist, then agency workers need to remain cognizant that the parent retains guardianship and should be involved in any case planning for the child. Our interviews revealed that often parents of children in care under a VPA are not involved in case planning for their children. The lack of parental involvement is contradictory to the principles of the legislation.

According to the Program Standards Manual 1988, section 250, VPAs should not be used in matters where child protection concerns exist, and where the parent is not willing to work cooperatively with the agency. However, some workers admitted to signing VPAs on child protection cases in an effort to circumvent legal requirements associated with child protection matters. Workers report that entering into a VPA with a family not only saves the agency legal cost, but assists in reducing the likelihood of an adversarial relationship between the agency worker and the parent. The court process is not designed to focus on the strengths of the family, but rather forces the agency to highlight the parent's deficiencies in an effort to obtain guardianship of the child. The use of VPAs, and similarly the use of Voluntary Surrender of Guardianship (VSG) reportedly promote immediate action towards resolving the issues that resulted in children entering into care.

We recommend that alternatives to the interventions currently used in the child welfare system be researched, evaluated and planned by the CWS.

We recommend that adequate funding be made available for family support programs to be accessed by families regardless of whether or not the child is in the care of an agency.

We recommend that the Authorities monitor the agencies use of VPAs and ensure that they are entered into under the appropriate circumstances.

Children in Care

Our interviews revealed that workers in every geographical area of the province carry high caseloads consisting of a variety of family service and children in care files. These cases are reported to be complex and dispersed across large geographical areas. In addition, for children in care of an agency outside of Winnipeg, there is a greater likelihood that their placement resources are not within their home communities. Workers report that when they are not dealing with crisis on a family service case, and when they are able to meet the standard around child contact, a significant amount of time is devoted to traveling to see the child. Workers across the system expressed concern about the lack of available and appropriate out of home care resources

throughout the province that would meet the needs of the child and ensure they could remain within their community. These issues are explored further in other sections of the report. The following will outline service delivery issues to specific groups of children in care.

Prior to the redistribution of resources under the AJI-CWI, the administration of some agencies made the decision to adopt a specialized model of social work for specific population groups within child welfare. One of these groups specialized is permanent wards of the agency. The intent of the program was to ensure that permanent wards received the attention that would not be afforded to them if they were served under a generalist model of social work. When the resources were distributed, many agencies saw a discontinuance of these programs due to insufficient staffing resources, while a select few dedicated a specified number of positions to continue these functions.

Workers described the benefit of a specialized unit for permanent wards as the ability to maintain or at minimum create connections between the child and the family. These workers reported that a large part of their workload was continuing to work with the families of permanent wards with the view to potential reunification. The specialized caseload shifts a worker's focus from putting out fires of family service cases in crisis, to addressing the long term needs of children in care. However, workers advised that the difficulty with carrying a specialized caseload is that the actual caseload numbers of permanent ward files is not reflective of the work undertaken with the biological families of these children.

The frequency of the contact between siblings in care was outlined as an issue for all ongoing service workers. Many issues impede the ability to maintain contact between siblings such as different placements, proximity of placements to one another, available support resources such as transportation etc. However, since the AJI-CWI process it is reported that contact between siblings is also affected by the ADP process. An example was provided where children were permanent wards of an agency prior to AJI-CWI, and some years later, the mother had another child and chose an Authority that was not the same as the Authority serving the permanent ward children. Workers advise that the inability to maintain a consistent Authority of service provider for permanent wards does not promote concurrent planning for the siblings. There is nothing in the system to notify if a new sibling is born. It is harder to keep track now because there are so many agencies.

Workload

The Child Welfare League of Canada provides guidelines for computing caseload standards based on key principles:

- Workers must be able to spend quality time with service user face-to-face contacts
- There is no one absolute size: "computing caseloads is an inexact science" (p. 1), but err on the side of caution, lower numbers
- Any formula used should result in caseloads equal to or less than the maximum recommended
- Total workdays (vacation, sick leave, holidays, training deducted from # of calendar workdays)
- Caseloads: can be expressed as cases per month or cases on any given work day

- For investigative workers in child protection, recommended caseload is 12 active cases per month (does not mean 12 cases at any point in time, but 12 over the 30 day period)
- Caseloads should be computed separately for each worker category: i.e. don't include staff in the worker count if they don't perform the specific functions of the category (otherwise misleading caseload count)
- Case transfers and changes in status should accrue to the worker, not the case. i.e. Many workers may deal with a family over a given period. When cases transfer from one worker to another within a period, they should be counted on each worker's caseload (just because a single case doesn't negate the need to count it as part of each worker's caseload)

Service/Caseload Type	**CWLA Recommended Caseload/ Workload**
Initial Assessment/ Investigation	12 active cases per month, per 1 social worker
Ongoing Cases	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases
Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers
Foster Family Care	12-15 children per 1 social worker
Supervision	1 supervisor per 5 social workers

CWLA, 2005

This review did not track workload by measuring file or case numbers at the worker or supervisor level. Initial inquiries demonstrated that there was no consistency from agency to agency on how cases were counted, making it impossible to compare workloads by using any standard numerical table of measure.

Information from social workers in the field, in all parts of the province, described a way of measuring workload that was similar to the definition found in the Best Practice In Child Welfare review completed by Professor A. Wright. In that review workload is defined as "the amount of time required to perform a specific task" resulting in work units. The review goes on to say:

> "Workload takes into consideration all work related tasks and responsibilities and the Child Welfare League of America argues workload levels should be based on time studies within

individual Agencies. As a result, issues such as travel, outreach activities, court time, emergencies, supervision, consultations, community work, staff meetings, development, conferences, case management, reading of pertinent case documents, contacts, documentation and recordings, all should be considered when determining workload".

Workers interviewed in all parts of the province identified factors they felt impacted their workload but were not necessarily considered in measuring that workload against required case management standards or allocating resources for the system. Those factors included but are not limited to:

- Travel time, a significant issue in rural Manitoba where a one hour home visit can involve a six hour return trip.
- The additional burdens placed on workers by administrative tasks such as the completion of the ADP or the requirement for information entry into CFSIS.
- The time spent by workers performing non-social work tasks that are nevertheless important to the quality of life of the children in their care.
- In many northern communities workers are on-call with little compensation.
- The time spent by workers performing non-social work tasks that are important in building and maintaining relationships with clients and the communities they serve.
- Inadequate internet service i.e. dial up, which is slow and will at times freeze up requiring workers to start over when inputting information on to CFSIS.
- Lack of sufficient computer hardware, some offices had only one computer for all the workers while others had no computers.
- Time spent mentoring and consulting with new employees due to inadequate orientation and training.

The extent to which administrative tasks impact workloads varies from agency to agency, depending on the level and sophistication of administrative support staff. This was exemplified by the frequent concerns of staff seconded to Aboriginal agencies from Winnipeg Child and Family Services. While at WCFS much of their paperwork was done by support staff. At their seconded agencies they were required to do much more paperwork designed to meet the imposed standards for financial accountability.

The existence of adequate qualified support workers had an impact on workload, as did the availability of foster placements.

A consistent theme through interviews with social workers was the changing nature of their workload. With the limited resources available for prevention, both direct service and community programs designed to educate parents, more of their work was crisis driven.

In the course of conducting this review it was made apparent early on that measuring workload by number of files was inadequate as it did not take into consideration the complexity of cases. The level of work required on a file depends on many factors, some children are settled and in good placements and require very little of a workers time whereas other children may be high risk and require high levels of attention from the worker. Workloads need to be examined in order to determine an adequate level however before this can occur there needs to be some discussion around the expectations of workers. If workers are to be doing prevention work there

needs to be some understanding of all the additional factors that impact on workload. There needs to be some clarification around the roles and responsibilities of social workers.

Community Response

Collateral Service Providers

Many of the children and youth receiving services from the child welfare system are also involved with or receiving services from what are referred to as 'Collateral Service Providers'. Given the high number of youth in collateral systems, we undertook to gain an understanding of issues and concerns relating to the child welfare system from this perspective. To do so, members of the team met with groups and individuals from Corrections (Manitoba Youth Centre, Agassiz Youth Centre and Probations Services), Manitoba Adolescent Treatment Centre (MATC), and MacDonald Youth Services (MYS).

Manitoba Youth Centre and Agassiz Youth Centre are youth correctional facilities operated by Manitoba Justice. Combined they have a population capacity of approximately 260 youth. We were advised that at any given time, between 50 to 75% of the population are youth who are receiving services from the child welfare system. Youth Probations is also a program of Manitoba Justice and the staff of the unit we spoke to indicated that approximately 60% of the approximately 145 youth they deal with have child welfare connections.

MATC provides mental health services to children and youth with psychiatric and/or emotional disorders. Services provided by MATC range from brief interventions to intensive long term treatment. MATC programs provide community based assessment and treatment as well as hospital based intensive treatment with residential, day and follow-up services for adolescents. We were advised that the intensive treatment program has 14 residential beds and 32 day treatment spaces. At any given time, approximately one third are youth connected with the child welfare system.

MYS is a youth treatment and support agency based in Winnipeg, which provides similar services in Northern Manitoba based in Thompson. MYS provides a variety of programming for youth including individual treatment and support, treatment foster care, youth shelter, life skills/pre-employment training, emergency crisis stabilization and residential treatment. Residential treatment facilities operate in Winnipeg and Thompson with a combined capacity of approximately 77 beds. We were advised that most of the youth in these residential treatment facilities are also connected with the child welfare system.

Service Delivery

Collateral service providers shared their view that there is no consistent application of standards of practice within the child welfare system. They indicated that the system lacks resources to provide children, youth and families with prevention and early intervention services. The issues these service providers often experience in their dealings with the child welfare system are the result of a lack of planning for the needs of the youth, lack of support and follow-up, and lack of appropriate placements for youth in care.

They feel that the families of many children and youth in CFS lack economic support and stated that there is no support going into family homes. They advised that often youth in care run away from placements and return to family no matter how dysfunctional it is. The view they expressed was that

it would be preferable to use resources to support the family rather than place the children and youth outside the family home.

We were advised that the system lacks resources to respond to behavioral challenges. Children and youth are returned, after a period of stabilization, to homes and communities where there are no resources. Sometimes children are placed with foster parents whom are not qualified and plans are not properly implemented or monitored, because the foster parents lack training and education, or have their own frustrations with the child welfare system. Discharge plans are sometimes not implemented as intended, resulting in residential placements breaking down and recurring admissions to treatment facilities.

Collateral service providers reported that at times workers' plans involve returning the child to homes without necessary support or follow-up. For children with high risk behavior, being placed in homes that can not manage them presents risk not only to that child but also to other children who may be living in the home.

Lack of Appropriate Placements and Planning

We were told that a significant issue in Corrections is that of "placement before release versus release before placement". The conundrum that exists is that judges will not release a youth on bail without a placement for them to go to, and agencies do not create or locate a placement until the youth is released. The result is that youth often remain in custody (on remand) because agencies have no placement for them on release. We were told that workers are often not present for sentencing and at times there are issues with a young person being left at a correctional facility after being released by the court.

Treatment facility staff report that discharge planning is an issue for youth with complex psychiatric and behavioral issues. The young person no longer needs to be in hospital but the workers have no where for them to go. At times youth are held in treatment facilities only because there is a lack of community placement resources.

The review was advised that hotels are being used much more than in the past because of a lack of viable alternatives and often youth released on bail are placed in hotels without proper supervision. If the young person does not have proper supervision and follow-up, they may miss their next court appearance or breach their bail conditions. The result is that the young person is brought back into custody.

Corrections advised that in their view, in the planning for release the needs of the young person are not always considered. Placement decisions are made based on the availability of space rather than the suitability of the placement. Many placement decisions to put a young person into an emergency placement at the end of a custody period occur because there has been no appropriate advance planning.

The lack of proper release planning results in youth being placed in hotels without proper support or supervision. We were advised that although CFS does arrange for care providers, the skills and abilities of these people are often not sufficient for the needed support or supervision, and youth often end up on their own. Many of the youth in this situation are suffering the effects of Fetal Alcohol Disorder or Fetal Alcohol Spectrum Disorder and because the child welfare system does not

have an effective response for children suffering from these impediments, they are becoming repeatedly involved with the criminal justice system. The recidivism rate is indicated to be approximately 70%.

We were told correctional facilities often feel they are being used as a residential placement because the system does not have appropriate placements in the community.

The Department advised that they have responded to situations that generate these kinds of concerns through the creation of additional residential care beds for high risk youth. Based on the concerns expressed by others working with these youth, there is still more investment required.

Officials in Corrections advised that having the justice system manage acting out behaviors is inappropriate and is evidence of the lack of understanding of the role of the justice system. It demonstrates the lack of appropriate resources in the child welfare system to appropriately support and manage youth.

Among the population of youth in custody, we were told there are youth who have a history of suicide ideation, mental health issues, or other kinds of special needs. Officials in Corrections acknowledge that planning for release of these youth is very difficult because of a lack of appropriate resources that can provide residential services to them, in the communities to which they are released.

Age of Majority

The review was advised that if a young person is to be released at or just prior to turning age 18, CFS has limited placement options. Sometimes the workers opt to not be involved and there is therefore no support for the young person on release from correctional facilities. The group questioned the responsibility of agencies to assist and support the youth with independent living. They questioned whether there was a legislated obligation on the agency to continue service beyond age 18 in exceptional circumstances.

The impression is that the system does not support youth beyond age 18. They believe that often agencies provide limited services to 16 and 17 year old youth. Planning for this population is extremely difficult. There were concerns expressed and questions asked about transition planning for youth in constant turmoil. Concerns were also expressed about youth left to live alone without support.

This was also raised by the youth we spoke with who were trying to plan for their futures as adults. They questioned why the system would not support them in their post secondary education in a way that would be consistent with the kind of support that other youth receive from their families. They suggested that the child welfare system provide scholarships for educational purposes to youth aging out of the system.

We also heard youth express anxiety over the transition to independent living with no further support or contact from their workers and the requirement to support themselves when they felt ill prepared to do so.

We recommend that the child welfare system provide assistance to children who have been in the care of the child welfare system and who are "aging out" of it, to ensure that the support that they receive focuses on independent living skills, rather that being cut off upon reaching majority.

Female Youth

Corrections and Probations identified that a high risk group of youth are female and that there is a lack of appropriate supports and resources available to respond to their needs. They indicated that females coming into custody are the biggest issue at the present time. They stated that 'Teenagers are not valued – especially if they are considered 'deviant' – girls are less valued particularly if they have a probation order attached to them'. They stressed that these young women are victims of the system rather than youth who are a danger to the community.

We were advised that female youth are coming in with multiple breaches (failure to comply) and very often the first contact with Justice is a breach of *The Liquor Control Act*. The concern is that the population is being criminalized because the system does not have adequate services and proper supervision in the communities. The female youth are vulnerable to exploitation and have huge issues with gang influence and drug use.

They stated that in order for counseling and healing to be possible, youth need to be in a safe stable environment. Female youth go from crisis to crisis and often have children of their own with even fewer supports available to deal with the issues of becoming a parent in the circumstances they are facing. This is a population where there needs to be a continued focus of resources from the Department for residential services. As well, connections with the programs targeted for assistance to young mothers and their infants would be critical to this group, and connection to those programs should be brokered by their workers.

Collaboration/Communication/Sharing of Information

Collateral service providers told us that there is a pervasive gap in communication between child welfare agencies and collateral service providers. They describe their relationships with workers as often adversarial with little collaboration.

We were advised that very rarely does a worker initiate contact with the corrections or residential facility staff. When youth are in custody, most often contact is initiated by the corrections case manager. Workers seldom contact either the youth or the facility to do planning and are often not willing to come to the table to plan for release or discharge. Workers are often too busy to attend case conferences and we were told that at times they have had to be subpoenaed to attend court.

Several of the people we spoke with reported that obtaining a social history from child welfare agencies is very difficult. We were told that at times agencies refuse to provide necessary information.

Human Resources/Accessibility/Responsiveness

Collateral service providers shared their view that workers often lack the resources, skill set and experience to manage their caseload and that the work is overwhelming to them. They indicated that

there does not appear to be any mentorship for the front line workers. The child welfare system appears to be short staffed, with high staff turnover that does not provide any back up support for workers.

Almost all of the people we spoke to in collateral service areas raised a concern about the high level of turnover of CFS agency staff. They reported that often youth are unable to contact their workers as they do not know who the worker is. They also stated that workers are often not accessible and unresponsive. The review was advised that with the high staff turnover, it is difficult for service providers and recipients alike to know who to contact when issues arise.

System Structure

Many of the collateral service providers we spoke with indicated that navigating the current child welfare system is very difficult given the number of agencies and Authorities. They stated that they have no idea what the governance structure of the child welfare system looks like. They stated that with so many agencies, there seems to be duplication of services and questioned whether it made sense for agencies to work together and pool resources.

Recommendations to the Review

The collateral service providers offered the following comments which they believe would improve the child welfare system:

- The system needs to be proactive rather than reactive. There needs to be strong and effective in home supports to high risk families.
- The system needs to have trained knowledgeable staff, who have clear direction and standards of practice to follow.
- The system needs a stable workforce, consistency in workers and manageable workloads.
- The health, corrections, and child welfare systems need to work together in collaboration. They believe that the child welfare system needs to be more involved with collaborating for early intervention and prevention.
- There needs to be more contact between the clients and their workers. Workers need to respond within an appropriate time frame to messages left, requests, and inquiries.
- The system needs to develop better community and treatment resources for children and youth. Placement resources such as foster homes and specialized level 4 and 5 placements are required within the system. Additionally, a 'step-down' unit from the Crisis Stabilization Unit is needed instead of expecting a young person in a state of crisis to stabilize and leave the unit in 3 days. A step down type of service is needed to accommodate a young person for up to 3 months to allow for stabilization and proper planning.
- New strategies and support services need to be developed for parents and guardians, to properly care for the children and youth once they have been returned home. After the child is placed back at home, the case should not be closed; instead there should be support and follow-up of the child upon discharge or release.
- Foster parents need to be adequately trained and equipped to provide care to special needs children.

Response of Youth in Care

We wanted to ensure that we heard directly from youth in the care of the child welfare system during the course of this review. In order to provide youth with an opportunity to speak to us, we conducted interviews with those who wished to express their views at the Manitoba Youth Centre (MYC) and Macdonald Youth Services (MYS). We interviewed 88 youth in the care of the child welfare system, the majority of whom were at MYC.

The purpose of these interviews was to obtain first hand accounts of the experience of youth in the system and hear their suggestions for improvements for the future.

When a young person is incarcerated an important function of their social worker is to make the necessary plans and arrangements for them for their placement on release. If the worker has not done the advance planning for placement, the young person will be kept in the institution inappropriately, only because there is nowhere for them to go upon release.

Some youth reported staying in a correctional institution beyond their release date due to the lack of placements. In addition to the fact that these youth in the care of the system are serving time beyond their release dates, many of them reported that they had not been provided with an explanation as to why they were still in the custody of Corrections after their release.

The youth expressed concern that their social workers be at the correctional institution on their release dates to ensure they do not remain incarcerated in MYC.

A significant number of youth in care reported that they were not aware that there is anyone else available at an agency they can speak to other than their primary social worker. Some of those youth reported that they were unable to reach their social workers and that their social workers did not return their phone calls. Furthermore, a small number of those interviewed reported that they do not know who their social worker is.

If youth in care encounter problems at their placements or in a correctional institution, they may not know who to call to address their concerns. If children have urgent matters that need to be addressed and cannot reach anyone, they feel helpless in the face of a system that is supposed to be protecting them. All children and youth should be provided with accurate and current information including the name and telephone number of their social worker, the name and telephone number of the worker's supervisor and the name, address and general phone number of the agency.

Some of the youth interviewed reported that they had been abused while in care. Of those, the majority indicated that they had reported the abuse to their social worker. However, some of the children had not reported for reasons that sometimes included not trusting their worker. Those who did not report the abuse to their social worker may run the risk of being abused in the future and not reporting it. Establishing a positive relationship between the worker and child would aid children in disclosing abuse to their social worker.

Some youth reported that their social workers make unannounced or drop-in visits to their group homes or foster homes, to ensure that social workers have an accurate picture of daily life in that young person's placement.

The majority of youth would like their social workers to make unannounced or drop-in visits to at their placements. Knowing that their social worker may make an appearance anytime to check on staff at a group home or a foster home would contribute to youth's feelings of safety and comfort.

Suggestions made by Children in Care of CFS

One of the suggestions that was made by youth in care of CFS was that they receive more money for clothing, activities, and hygiene products. Some youth in care feel that the allowance that they currently receive is inadequate.

Another suggestion was that children in care of CFS receive more and longer family visits. Some youth interviewed indicated that they were unable to visit with their immediate family members often enough or long enough. They would like more visits from parents and siblings, and other family members.

Children in the care of CFS have indicated that they would like more contact from their social workers. This includes better communication with their workers, and more visits from their workers to their residential placements.

Lastly, youth in care suggested that their workers should be more sensitive and responsive to children's preferences about their placements. The youth thought that they should be able to choose the type of placement (group home or foster home) and its location.

We recommend that a mandatory requirement be written in the foundational standards that the social worker for a child who is incarcerated must ensure that an appropriate placement is available for that child so that release from correctional facilities occurs as ordered by a judge.

We recommend that a mandatory requirement be written in the foundational standards that the social worker for a child attend court with a child to ensure that the child can be released to his or her custody as required.

We recommend that workers establish and maintain effective contact with the children for whom they are responsible.

We recommend that every child over the age of twelve receive a card with the worker's name and phone number printed on it, and alternatives to contact if they cannot reach the worker.

Foster Care

Although the subject of foster was not specifically identified by the Minister for review and recommendation in this report, it became evident during the course of the review that there are significant challenges presented by Manitoba's foster care system. Agencies throughout the province indicated that there are shortages of placement resources in general and specifically noted a lack of adequate foster homes for youth, children with special needs and culturally appropriate placements. The lack of foster homes was identified as a major factor contributing to

the high incidence of placements of children in very costly alternatives such as hotels and shelters. Agencies expressed concern regarding the adequacy of the care received by children in hotel placements in light of the current freeze on the hiring of support staff and the resulting increase in use of contract staff.

Pursuant to subsection 4(2)(j) of the CFS Act and section 20 of the CFS Authorities Regulation, both the Director and the Authorities have a duty to ensure the development of appropriate placement resources for children.

A "foster home" is defined in the CFS Act as "a home other than the home of the parent or guardian of a child, where not more than four children who are not siblings are placed by an agency for care and supervision but not for the purposes of adoption." Subsections 8(1) - (3) of the CFS Act indicate that a licence is required to operate a foster home and that anyone who is refused a licence or whose licence is suspended, cancelled or not renewed by an agency may appeal the matter to the Director. Foster licences are issued for a one year period and may be renewed for one year terms thereafter. A foster home may be licensed to provide care and supervision for not more than four children unless all the children in the foster home are siblings.

Part 2 of the Foster Homes Licensing Regulation sets out the licensing process. It states that a person may apply to a licensing agency for a licence to operate a foster home. Subsection 3(2) of the Regulation indicates the information that must accompany a licence application. This information includes a criminal record check, a child abuse registry check and consent for a prior contact check for the applicant and any other adult residing with the applicant. An applicant must also provide information as to his or her physical and mental health; references from four persons or a recommendation from the local child care committee of an agency concerning the applicant's ability to protect, nurture and care for a child; and such other information or additional documentation that the licensing agency considers necessary.

Subsection 3(4) of the Regulation specifies the steps that a licensing agency must take when making a decision to grant a licence.

> Licensing considerations
> 3(4) When making a decision respecting the granting of a licence under this section, the licensing agency shall
> (a) consider the information provided under this section and be satisfied that
> (i) the applicant and any other adult residing with the applicant do not pose a risk to children, and
> (ii) the applicant is able to discharge his or her responsibilities;
> (b) ensure that a personal assessment of the applicant is conducted and be satisfied as to his or her ability
> (i) to protect, nurture and care for the number of children proposed to be placed in the foster home,
> (ii) to provide a culturally appropriate environment for the children placed in the home,
> (iii)to meet the children's needs, and
> (iv)to comply with the requirements of this regulation;
> (c) ensure that an assessment as to the suitability of the applicant's home environment is conducted which includes interviews with members of the applicant's household;

(d) when references are provided under clause (2)(d), ensure that at least one of the references is interviewed and be satisfied as to the applicant's ability to protect, nurture and care for the number of children proposed to be placed in the home and to meet their needs; and

(e) ensure that an inspection of the proposed foster home is conducted and be satisfied that the home complies with this regulation and all applicable standards in legislation, regulations and by-laws governing building construction and use, fire prevention and safety and public health.

There are some limited conditions under which a licensing agency may grant exemptions to the licensing requirements. These exemptions apply where the requirement in question is not a requirement in legislation, a regulation or a by-law governing building construction or use or fire prevention or safety. For example, subsection 5(2) of the Regulation permits an agency to grant an exemption where it is the opinion of the licensing agency that the requirement is not reasonably applicable in a community due to the prevailing community standards and the foster home is not hazardous to the health, safety or well-being of any foster child likely to be placed in the home.

Part 3 of the Regulation sets out the requirements and standards respecting the operation of a foster home. Some of the requirements and standards govern space and accommodation; equipment and supplies; meals; and health and safety matters. For the purpose of this report, we are not outlining all of the requirements and standards, but rather highlighting those that agencies have identified as being unrealistic in their application to the community and unnecessary in terms of ensuring that children's needs are being met by a foster home. It was the view of the agencies we interviewed that many of the licensing requirements present barriers or impediments to the recruitment and development of foster care resources, particularly culturally appropriate foster homes. Some of these include:

Maintenance of foster home
24 A licensee shall ensure that the foster home and grounds are maintained at a standard consistent with public health standards and similar to that of surrounding dwellings.

Bathing and toilet facilities
27 The licensee shall ensure that
(b) the water temperature in a bathroom meets the standards established by the mandating authority.

Equipment and supplies
28(1) A licensee shall ensure that the foster home
(c) has a bed and clean mattress for each foster child suitable for the foster child's age and size, together with an adequate supply of clean bedding that is in good repair and appropriate for the climate.

Meals
30 The licensee of a foster home shall at recognized meal time hours
(a) provide a minimum of three meals daily which are
(i) varied, attractive and nutritionally and calorically adequate for the dietary requirements of each foster child, and

(ii) prepared in accordance with *Canada's Food Guide to Healthy Eating* issued by the Minister of Health (Canada);

Safety and health practices
34 A licensee shall ensure that
(c) animals kept in the foster home have had all vaccinations as required by the health authority and are kept in accordance with the requirements of the health authority and any additional requirements imposed by the licensing agency;

Standards

The province sets out all the standards for Foster Care in Chapter 5 of Volume 1 of The Child and Family Services Standards Manual (2005) including the standards and requirements established in the Foster Home Licensing Regulation noted above. This chapter summarizes the standards and requirements under the themes of Resource Management, Licensing and Licensing Appeals (also the Foster Home Licensing Regulation), Child Placements, Care Responsibilities, Support and Respite, and Removing Foster Children. Please see Appendix 13, Revised Draft Outline for Standards Manual provided by the Branch. As noted, the Branch has been in the process of revising this chapter. In the interim the Outline notes where the current required standards are to be found in the Program Standards Manual (1988) or "PSM", also referred to as the remnants package.

As indicated, consultations with agencies revealed many concerns and comments about the perceived limitations of the current foster care standards and requirements for the licensing of foster homes and the implications for resource development.

Standards, requirements and licensing processes for group homes, treatment facilities and other child care facilities are different than for foster homes and can be found in Volume 2 (Facilities Standards) of The Child and Family Services Standards Manual (2005), which contains the Child Care Facilities and Licensing Standards Manual. Due to the limited scope of this Review, further discussion of these standards will not occur at this time and we have limited our discussion to provide background on the areas where agencies and the community raised concerns regarding standards, specifically for foster care.

Issues
As mentioned above, the subject of foster care was not initially included in the scope of this review. However, upon hearing from a number of agencies across the province that a chronic shortage of foster homes is one of the major challenges facing the child welfare system, we felt it was important to discuss this issue in our report.

Our consultations with agencies indicated that there is a shortage of foster care placements throughout the province. We heard that there is a lack of foster homes in general, but that services are particularly impacted by a lack of culturally appropriate foster homes and homes for children with special needs such as mental health issues, behavioural problems and addictions.

We were informed that if foster care placements are not available, agencies will attempt to locate emergency placements such as shelters or places of safety. If emergency placements are not available, agencies will have to resort to the use of hotels. Outside of Winnipeg, it is our

understanding that agencies recruit, develop and coordinate their own emergency resources. In Winnipeg, agencies can contact Emergency Placement Resources, which is part of the Joint Intake Response Unit, to locate openings within emergency shelters or other emergency placement resources. It is our understanding that EPR has 308 short term emergency beds, which includes 120 EPR shelter beds; an emergency home operated by Mamawiwichiitata Centre Inc.; an emergency foster home and a reunification foster home operated by B&L Youth Services; and between 30 to 80 hotel beds within the city of Winnipeg, depending upon the day. We were advised that EPR emergency shelters are often at capacity. Further, although EPR is intended to provide short term placements, we were informed that due to the shortage of other placements in the system, this is rarely the case.

Workers have advised that because of the lack of specialized foster homes an increasing number of high needs children and youth are being placed in emergency shelters and hotels. Obviously, this is far from ideal and workers pointed out that the placement of children in hotels often increases the level of risk for those children based upon the associations they make in the hotel. Workers indicated that there are instances where a number of children may be placed in the same hotel with little supervision and their underlying mental health or other issues are not being addressed. We were informed that children do not receive therapy when they are in shelters because they are not in stable placements.

In addition, workers have expressed concern regarding the quality of care received by children in hotels. We heard that agencies are often unable to access qualified support staff and as a result, care in hotels is provided by third party support staff contracted from private organizations. Agencies advised that these contract workers do not have adequate training and are ill-equipped to manage the complex issues of the children they are supervising. Agency staff gave examples of concerns with contract care such as workers congregating in one room while leaving children unsupervised in another; workers being locked in closets by children in their care and young children going missing from hotels while in the care of contract workers. We were informed that sometimes contract workers had limited English skills.
Further, workers reported that since specialized and other placements are often not available in the community, many First Nations children are being placed very far from their homes, thereby isolating them from their culture and community. Workers indicated that resources need to be focused on developing culturally appropriate foster homes within the community.

Given the level of care provided in hotels and the lack of other more appropriate placements, workers have advised that their assessments of safety and risk have dramatically changed. We heard that when making the decision to apprehend a child, workers consider whether they will be able to place the children in an environment that is safer than the home. Workers advised that given the current foster care system, they have become increasingly less able to do so.

In our consultations with agencies, workers cited a number of impediments to their ability to recruit and develop adequate foster care resources. We were advised by many agencies that the standards for licensing restrict agencies' abilities to license homes within communities thereby adding to the chronic shortage of foster home resources and forcing children to be placed outside of their home communities.

With regard to the licensing standards in foster homes, many agencies from First Nations communities, particularly in the North, advised us that the standards are too restrictive and do

not reflect the realities of life in northern or remote communities, particularly on reserve. We were advised that the restrictions on how many children can be placed in a home does not take into account that many First Nations Communities live with large extended families where there may be more children residing in one house. In addition, the requirement for private bedrooms or restrictions on the ages of children who can share a bedroom also significantly reduces the number of homes that can be used as many homes are overcrowded. Other workers added that a minimum square footage requirement also eliminates other potential caregivers from meeting the licensing requirements. Agencies also commented on the issues relating to the need for running water and the temperature of water were also not reflective of the realities of remote northern communities. In summary, many of the physical requirements of foster homes within the standards and regulations were seen to significantly negatively impact on maintaining children in their communities and keeping families together.

Certain agency workers from these communities commented that their ability to place children is limited when individuals have criminal records or are listed on the child abuse registry. In a few communities, workers offered that where potential foster parents had indicated a willingness to be a resource for agencies and had shown an indication that previous concerns had been resolved, they should be allowed to be licensed despite the record.

Conversely, other agencies across the province also acknowledged the restrictions of the licensing standards but indicated that experience had shown that children are at greater risk and in certain instances tragedies had occurred where standards were not adhered to. Agencies referenced receiving criticism about not adhering to standards following inquests and other reviews. Another group reminded the Review team that it was crucial to remember, in relation to the licensing standards and regulations, that agencies are charged with the ultimate responsibility of looking after other people's children.

The diametrically opposed viewpoints around licensing requirements and standards for foster homes were evidenced in the proposed suggestions from agencies. Some agencies indicated that licensing standards should be developed by agencies or Authorities that would allow children to remain in culturally appropriate homes in the community, while other agencies saw the need for compliance to existing licensing standards across the province to ensure the safety of children.

Virtually all agencies across the province, commented on the requirement to review and re-license foster homes annually and that this had doubled the workload for agency workers. Workers noted that the previous standard required reviews and relicensing every two years. In general workload and caseload numbers were identified as a significant concern for workers from every region of the province, and in all service areas, but in particular in relation to the staffing in foster care, either for those workers carrying a designated foster care caseload or those doing foster care support along with a generic child protection/family service caseload.

As background, we were advised that it was anticipated by the Authorities that most foster parents would choose to be licensed and managed by those agencies which were the guardians for the children, or as was explained to us that "foster parents would follow the children." In terms of overall staffing, resources were allocated to agencies based on the premise that staffing resources would be transferred in accordance with the number of cases transferred. In reality, we understand that many foster parents chose to remain with the agency most familiar to them or conversely, opted to leave and later returned. Moreover, from our consultations with agencies

and the community it is also perceived that foster parents have begun to change to agencies where payments for special rates, mileage and respite are more compensatory. All of these factors are seen to have contributed to agencies feeling highly understaffed, where resources were lost, particularly with regard to foster care services, where there was an expectation that foster parents would be licensed and managed by other agencies serving the children in care in those homes. At the same time, agencies who received resources identified that the staffing allocations were insufficient, causing agencies to priorize child protection and family service staffing, leaving few staff resources for foster care support and management and much less time for recruitment of new foster parents. All the agencies have stated that they feel unable to provide the level of support and management of foster homes in keeping with standards and best practices.

Adding to the already high caseload numbers are the workload demands of yearly reviews, in addition many workers in agencies advised us that they are doing work that would normally be done by family service or children's workers who are themselves overburdened or inexperienced. Foster care workers described doing special rate forms, driving for visits, arranging and creating service plans, attending school meetings and doing funding proposals for therapy and level 5 funding because the family service worker was too busy or backlogged and the foster care worker felt it necessary to support and sustain the foster home, the service plan and indirectly provide good care for children in care.

Other workload contributors for regional agencies under Community Service Delivery are the requirements to license adult foster homes in addition to those for children in care and that the numbers of adult homes can be double those of child homes. Further, some General Authority agencies are responsible for licensing "non-mandated agencies" homes for use by those other agencies and have advised us that this presents a considerable administrative and service component to their workloads. We understand that non-mandated agencies recruit foster parents for use in their own specialized programs and examples of these agencies (in Winnipeg) include Mamawiwichiitata Centre Inc., MacDonald Youth Services, Marymound, B&L Youth Services, Project Neecheewam, and St. Amant, to name only a few. Foster homes recruited by these agencies, because they are not mandated under the CFS Act, must be licensed by a mandated child and family service agency. Currently, as indicated, such licensing remains the responsibility of some General Authority agencies, who then carry this extra workload in terms of the licensing process and addressing any allegations or incidents that arise in these homes, without any guarantee that the foster home resource will be a benefit to their agency or in more simpler terms, that children from the licensing agency will be placed there. Agencies currently responsible for such licensing of non-mandated agencies' homes have recommended that the licensing requirements be transferred to the Branch.

All of these factors result, according to agencies, in little to no time to provide support and training to foster families who are looking after children with increasingly higher and more complex needs. Feedback from foster parents to the Review team indicated that there is a high level of confusion related to the inconsistency of standards, philosophies of care, permanency planning, family contact and funding levels which exist across Authorities and agencies. Agency staff have advised us that considerable time and support is necessary to help foster parents work with multiple agencies with differing policies and practices in order to provide the best care for the children in their home. Due to their existing workload demands, this level of support is not being provided. Foster care workers also stated that excessive workload also limits any amount

of extra time that can be put into orientation and ongoing training of foster parents, both of which are seen as critical to maintaining foster homes. Without support and training, there is increased risk that foster homes will "break down". This occurs when foster parents become exhausted by the strain of caring for high needs children without sustained support or ongoing training as to what to expect from children with particular medical issues or behavioral problems, or like other families without support, resort to managing in ways that result in protection concerns.

It is important to note that support was also seen as the fundamental ability to establish a relationship between the foster parent and a worker and that these relationships were now not being formed or were being jeopardized by the competing priorities of agency workers. There were concerns expressed that some agencies' contact with foster parents was becoming limited to when children were being placed or brought for visits which does not provide opportunity for discussion with a worker, who is concerned at that time with the child's need.

All the agencies we met with reported that workload interferes with recruitment and development of new foster homes and the overall range of residential resources that are required to care for the various needs that children display. Workers stated that they would like to have more time to devote to recruitment in order to develop more homes in their home communities but also to be able to recruit and develop "specialized" resources for children, for example those with exceptional physical, social or behavioral issues requiring a comprehensive care plan. All agencies indicated their frustration at the cost of having to purchase such specialized homes from non-mandated agencies for extremely high fees, when they would like to recruit, develop, train and manage such resources themselves.

In our consultations with agencies throughout the province, we repeatedly heard about issues related to foster care rates. Agencies pointed out various inconsistencies between rates paid by different agencies and commented that rates altogether were often inadequate to compensate foster parents for the services being provided.

Many agencies expressed frustration over the differences in rates paid by different agencies. They advised that there is a great deal of competition within the system for limited foster care resources and they are often losing foster homes to agencies that are able to pay higher rates. There is also a perception that foster care rates are different depending upon whether children are provincially or federally funded and agencies are reporting that foster parents will inquire whether children are provincial or federal before they will accept a placement. Further, the differences in rates have led to confusion amongst foster parents who have children from different agencies placed in their homes and who are seeing inequities between the funding provided to these children. For example, we have heard that there are inconsistencies in the amounts allocated for Christmas gifts and the funding provided for extracurricular activities. Workers have expressed frustration at being unable to address these inequities when being contacted by upset foster parents. Workers have indicated that rates need to be consistent throughout the province.

Additionally, we understand that there has been a freeze placed on the special rates of children serviced by WCFS prior to transfer. We were informed that the freeze was implemented as a cost cutting measure. Department staff advised that prior to the 2005-06 fiscal year, Government denied their request to lift the rate freeze. The effect of the freeze is that there is no opportunity for rates to increase with the children's needs increase. As a result, care providers, usually foster

parents, are not being reimbursed appropriately for the level of care they are providing. In some cases, workers are able to offer other services, such as additional respite, to offset the increase in the needs of the child. However, the lack of adequate compensation remains an impediment to the recruitment and retention of foster care resources and workers indicated they believe the freeze on special rates should be removed.

We also heard comments regarding the rating system itself. Workers pointed out that since the system is based upon the needs of the child, care providers are paid more where the needs of the children are greater. As such, if skilled foster parents work with children to address some of their problems, the rates paid to those parents will decrease. Some workers advocated a "strength based system", which they indicated would provide for a flat rate to be paid to foster parents based on the level of care provided in the home. Placements would then be determined based upon a matching of children's needs and the skill level of the foster parents. In this way, specialized resources could be developed.

Agencies also commented on the increasingly high needs of children being served by the child welfare system. For example, workers indicated they are seeing more children with mental health issues, behavioural problems, fetal alcohol spectrum disorder and addictions. Unfortunately, workers also reported that there are limited specialized placements for these children and they do not have the resources to develop the specialized foster homes that are needed or to provide the supports such homes would require.

Workers also reported they are seeing larger numbers of sibling groups coming into care. They advised that although efforts are being made to keep these children together, they are experiencing difficulties developing foster homes that can accommodate large sibling groups of four or more.

During our site reviews, workers also commented that in some instances, children may be placed in emergency placements or hotels when there are appropriate foster homes available. They believe that this is the result of a lack of coordination of foster care resources between agencies. As an example, intake agencies referred to situations where they have apprehended a child and placed them in a foster home prior to transferring for ongoing service. They have advised that once the file has been transferred, the receiving agency may move the child to another placement. However, the receiving agency does not necessarily inform the intake agency that the child has been moved. As a result, the intake agency does not know when or whether the resource has become available again.

In some cases, workers indicated that they felt there was a reluctance by some agencies to share foster care resources because of the shortages. However, other workers indicated that they have successfully made arrangements with other agencies to place children in their foster homes. Intake agencies have indicated that in some cases, they will attempt to contact the agency that will be providing ongoing service to see if that agency has placement resources that intake is not aware of. Although these types of informal arrangements exist, workers indicated that there are no formal coordinated efforts at this time to allow for the best use of foster care resources. They suggested a central foster care registry may address this issue and indicated that better communication and sharing of foster care resources throughout the system would help alleviate the shortage of foster homes in the province.

We recommend the recruitment and training of specialized foster parents for high needs children and sibling groups and further recommend that other government programs with responsibility participate in achieving this recommendation.

We recommend that the Branch be responsible for the licensing of "non-mandated" agencies' foster homes.

During the course of the review, the team met with a small group of foster parents. Additionally, foster parents who made telephone inquiries were provided an opportunity to speak to a member of the team to share their views, and written submissions from foster parents were received.

While the individual experiences of the foster parents we spoke to varied, they shared common concerns that spoke to the larger systemic issues in the child welfare system. The concerns they shared reflect the many issues raised by the people who work in the system.

Community /Relationships

The foster parents we spoke with had a sense that the workers carry workloads beyond what they can manage. They stated that there needs to be more contact with the children and their foster family, and workers should be more accessible. They reported that workers are not available when they call and do not respond to messages. Foster parents indicated that there should be more workers with lower caseloads. A concern raised by the foster parents is the workers' high turnover rate. One foster family reported having as many as 17 different workers over a period of 3 years for their two foster children.

The foster parents stated that there should be regular and unscheduled visits to children in their homes. They suggested that joint meetings between foster parents, workers and children/youth would promote open communication and better understanding.

They stated that agencies licensing foster homes need to have closer working relationships with the foster parents they license. Some foster parents reported having children in their homes for extended periods of time during which their licence had either not been granted or renewed.

A number of the foster parents we spoke with expressed concern about the lack of necessary planning for the children in their care. They stated that often plans concerning the children were not shared with them. The foster parents felt that workers were not familiar with the children they are responsible for. They believe that workers need to hear what foster parents say and should consult them in planning for the children. Some of the foster parents feel that when they express concerns about children in their care, they are ignored. Some also expressed concern that child files are not complete as workers appear to be unfamiliar with the child's circumstances.

We expect that with the implementation of the recommendations contained in this report decreased workloads will allow workers the necessary time for frequent and meaningful communication with foster parents and children.

System Confusion/Sharing of Foster Homes

Foster parents reported that their experience differs between agencies. While they are licensed

by one agency, they may have children from various other agencies in their homes. Foster parents told us that the care rates paid differ among agencies, as do the type of supports and resources provided to the children in their homes.

In the past foster parents have been able to enroll children in various community and school activities and the agency would cover associated costs. With a change in agency, these types of resources are not always available. This creates problems in homes where children from different agencies live together. Some children are provided with things that others cannot have.

They also indicated that special care rates are calculated differently between agencies and that they experience difficulty with some agencies paying for them or providing needed resources (i.e. funds for school supplies). Further, they stated that the system lacks sufficient respite and support workers.

Foster parents feel that there needs to be cooperation between agencies for the sharing of foster homes and that there needs to be a consistent approach to providing resources and determining foster rates.

We recommend that foster rates should be consistent throughout the province taking into consideration the costs of providing services in the community in which the home is located.

We recommend that a fund be established from the Child Care Benefit remitted to the government for the purpose of enhancing respite and support workers for foster families.

Education/Training

Foster parents would like to have education and training to manage special needs children and to understand the foster care system and their role in it. They feel that Fetal Alcohol Syndrome education should be mandatory for foster parents. They indicated that experienced foster parents should be involved in providing orientation and training for new foster parents.

We recommend that funding for education and training of foster parents also be provided from the fund established from the remittance of the Child Care Benefit.

Support of Foster Homes

We were advised that foster parents call Manitoba Foster Family Network frequently due to disputes with agencies regarding supports, care rates and licensing issues. Although foster parents have a right to choose an alternative dispute resolution process, they said they are not always advised of the process. They believe that the alternative dispute resolution process is managed by the agencies but as yet the process has not been defined. There is no clear mechanism in place to work toward resolution. Foster parents felt that workers are not aware of the regulations concerning appeals.

It was indicated that sometimes when allegations are made against foster parents, the agencies do not support them through the investigation. Foster parents have historically felt that their homes were not private and now their homes are often subject to scrutiny by more than one agency.

Because of a lack of an ongoing relationship with the workers, foster parents become concerned that when the workers do visit their homes, they are there to find fault.

Funding for Foster Parents

Workers and foster parents believe that the rates paid to them are inadequate. The example was given of a baby on formula where the cost comes out of the special needs budget rather than being funded in a basic maintenance fee that is applicable to infants. The same comment applies to other needs specific to fostering a baby. If a foster parent would like to involve a foster child in family activities for which funds are not always available, then the foster parent must cover the additional expenses or the foster child cannot participate. Situations such as these do not promote the feeling of belonging in a family for a child.

Communication Between Agency and Foster Parents

We were advised that communication between agency workers and foster parents depends on the whether the agency views the foster parent as a team member. It was felt that there needs to be more consultation and teamwork with foster parents, and workers need to have a better understanding and appreciation of the role of foster parents.

Regulations

Several foster parents expressed frustration with the rules requiring that they obtain permission for the children in their care to participate in extra curricular activities. They advised that because workers are difficult to reach, obtaining such permission takes time and sometimes children miss out on these opportunities. They stated that "the regulations separate a foster kid from his peers and makes it apparent he is a foster kid". It was suggested that workers should avoid going into schools to see children as this singles them out and embarrasses them.

We recommend that the foster care regulations be reviewed in consultation with the foster parents to ensure that their ability to establish a routine home environment is supported to the extent possible by the regulations and not impeded by them.

We recommend that the requirements for foster homes be redeveloped to take into consideration community standards and practices in order to prevent the requirements being a barrier to the preferred goal of keeping children in safe and loving environments within their own communities.

We recommend that the Child Care Benefit that will be remitted to the provincial government be used to create a fund for ongoing support of foster parents, to provide training, promote effective communication with agencies, and provide enhanced respite for foster families.

IX FINANCIAL RESOURCES

Funding to Agencies

Child welfare agencies receive funding for services they provide, as well as the operations of the agency. Some receive funding from both the provincial and the federal governments. (Appendix 15) The federal government provides funding to agencies that provide services to Status Indian children living in First Nations communities. The provincial government provides funding to agencies that provide services to all other children in the province.

Federal Funding

The federal government provides funding through Indian and Northern Affairs (INAC) for agencies that are normally resident in First Nations communities, and are First Nations designed, controlled and managed, based on three calculations. The calculations are based on the number of children in the community under 18, the number of First Nations communities the agency serves and a per child allocation for each child living in the community. These amounts are adjusted by a remoteness factor where applicable.

Funding for child maintenance is determined by the social worker, approved by the agency and then billed on a monthly basis to INAC on a child by child basis. Every child is funded for basic maintenance. This figure is calculated as the amount of money needed to provide basic necessities to raise a child. There is also a fee for service amount. The worker uses a child assessment and service plan to determine this amount based on a points system taking the specific needs of the child into account.

Provincial Funding

The provincial government provides funding for child welfare services, other than child maintenance, to the Authorities which then distribute the funds to their agencies. The government calculates the operational funding for the agencies based on statistics received from each agency. These funding formulas use an estimate of the number of days in care the agency will provide for the upcoming year based on the actual number of days care provided in the preceding year. This determines the number of workers the agency will be funded for. The formulas take into account the salaries of the other staff in the agency. It also includes other cost elements such as travel, office operations, professional fess and building maintenance.

Funding for child maintenance is determined on a child by child basis for provincial children as well. The amount that is required to provide service to a specific provincial child is determined by the agency and then billed on a monthly basis to the provincial government. Funding to agencies from the provincial government is based on funding formulas that are out dated. The basic maintenance rates for expense items were set approximately 20 years ago and have been increased on a percentage basis periodically.

However, there has not been a review of the rates paid to determine if they cover the costs of providing basic necessities to children.

Certain agencies have applied for funding through the Family Support Innovations Fund which was established to provide support in the delivery of front end preventative and early intervention services.

The formula applicable to days in care is also based on outdated information. For example, the funding calculation for 2007 would be made in 2006 using information from 2005. If the level of service required increases in the previous year the agency would always be operating with a shortage of workforce. For example, in 2004 an agency had 48,000 days care, in 2005 it had 50,000 days care and in 2006 it had 52,000. Funding to the agency for 2006 will have been established in 2005 based on a service requirement of 48,000 days is care. This is funding for 4,000 days in care fewer than the actual service requirements. This would result in workers having to put in extra time to cover for the lack of resources and all of the related results of an overworked workforce.

In the June 2004 report "*Investigation of Hydra House Ltd.*", the Office of the Auditor General recommended that two programs in Family Services and Housing, CPSS (Child Protection and Support Services) and the ASB (Adult Services Branch), have formal policies in place to ensure that detailed reviews of the funding models are done at least every two to three years to determine that cost components are still realistic.

In the 1999 report *"Value for Money Audits"*, the Auditor General recommended that Branch management conduct, on at least a bi-annual basis, detailed comparative analyses of agency expenditures against the approved funding models. Further it recommended that when these analyses indicate significant variances, the Branch should determine whether funds are being appropriately spent on approved programs or update the input elements of its funding models to reflect the significant or permanent changes to agency circumstances.

It is imperative that the funding model be current and accurately reflect the costs an external service provider will incur to deliver the agreed upon programs or services on behalf of the government. The consistent application and use of standardized funding models helps ensure fair and equitable treatment of external service providers and establishes a benchmark for measuring their actual performance. Appropriate funding models act as the connecting "bridge" between policy expectations and actual funding paid to external service providers.

Funding formulas should be reviewed on a periodic basis to ensure that cost elements are appropriate to ensure funding is in line with current circumstances.

We recommend that the current funding model, including the Basic Maintenance rates, be reviewed and amended now to ensure that all necessary items are being funded at realistic rates.

We recommend that the funding model provide current price and volume funding for all requirements of operating the agency and funding the needs of children.

Support and Prevention Funding

Although it is one of the principles of *The Child and Family Services Act*, prevention services are funded only in a limited sense in the current provincial funding formulas. Because of the limited

funding available for support and prevention, agencies receive child maintenance funds to provide services for a child only when that child comes into care.

Resources are needed to meet the mandate of the government and the Authorities to provide service for the purposes of prevention and support. If those services cannot be rendered then crises cannot be averted and there will be a continuing and increasing need for protection services. Families need the opportunity and assistance to provide appropriate parenting. Services need to be developed to support children and families and to reinforce the benefits of keeping children in their family and community environments. Funding that is solely tied to protection and that is based on the numbers of children in care runs counter to the principles espoused in the Acts.

We recommend that funds be allocated immediately to begin the process of implementing a support and prevention model in the system at the intake stage with additional funding to follow a family receiving support when the case is transferred for ongoing service.

Funding Assessments

There are no standard child assessment forms and/or standard rates for services to determine the amount to be included in the per diem for individual children and therefore each agency has developed their own. Because of this there will be inequities in the per diems that are funded.

Of the child assessment forms received and reviewed the per diem for a maximum needs child could range from $23 to $60 per day. This means a potential difference in funding of $13,500 per annum.

We recommend that a standard child assessment form be established to be used by all agencies to ensure that a child receives the same level of service regardless of where s/he lives. The assessment must be structured to take into account the different costs in the province so that regardless of the cost, the service provided is the same.

The "existing envelopes"

One of the guiding statements of the Conceptual Plan of AJI-CWI was that "Restructuring of the system will occur within existing provincial CFS resources, although additional resources will be required for the transitional period." This would indicate that government believed that the funding envelope for child and family services was sufficient to provide the necessary resources for all legislated child and family services at the time of transfer.

Our review found that people providing services in the system believed that it was underfunded before AJI-CWI, and that the funding became worse after. The AJI-CWI created four governance structures where there had been one. This removes the established economies of scale. Research is needed to determine what level of funding is actually necessary to provide the required resources for all legislated services based on a needs based funding model.

Current funding is approximately $69 million for operations, and $92 million for maintenance of children. We were informed that maintenance costs would be funded regardless of whether or not the budget was exceeded. Operations, however, must stay within "the current envelope".

We recommend that the necessary resources immediately be dedicated to developing, and implementing, a fully researched, needs-based funding model and that the funding needed as a result be provided for the child welfare system.

We recommend that in the course of developing a needs based funding model that there be a study conducted focused on the costs of providing services in remote communities and that the results of this study be used to develop a model that is appropriate for each community, taking into consideration mode of travel, costs of goods and distance from the service centre.

We recommend that the funding model be changed from one that is based on the number of children in care to one that provides funding based upon the needs of the system to deliver child welfare services, including the flexible services that will be offered through the differential response that will prevent children from coming into care.

Impact of Differential Models of Funding

The federal government funds agencies based on a population based funding model. The provincial government funds based on a model that uses the estimated number of days care in the agency to determine funding. The differences in these two funding models have created inequities in the services provided by agencies that receive federal funding as opposed to provincial funding.

It has also created inequities within individual agencies resulting in different services being available to children. We were told by numerous people that they knew of foster families who would only foster children from a certain jurisdiction because they would be funded more.

There were numerous complaints of social workers or foster parents not being able to provide something for a child in care although they knew that another agency had provided it. For instance, we were told by certain foster parents that once their child had been transferred, as a result of the transfer, they no longer received funding for the same activities that they did before the child was transferred.

Different funding models as well as different methods of needs assessments have created inequities in the services available from different agencies, and to different clients being serviced by the same agency.

Certain agencies also pay more for other resources resulting in competition between agencies for the same resources. Therefore the resources are moving to the other agencies. Because of this, agencies are losing necessary resources and the associated costs, which are reimbursed by the province, are skyrocketing.

We recommend that the provincial government enter into discussions with the federal government to develop a plan to ensure consistent funding models that will provide services equitably across the province regardless of the status of a child and regardless of where the child lives.

We recommend that standard rates and standard methods of assessment be established for all resources that may be required regardless of where in the province they are located.

Child Tax Credit – Child Day Care Credit

The provincial government has stated that First Nation agencies will no longer be allowed to keep the Child Tax Benefit that they receive from the federal government for children in their care. The First Nation agencies had been using this money in various ways. Some had established partial trusts for children while using the rest to develop programs for the agency. Others had established family support programs and prevention programs. With the government no longer allowing the agencies to keep this money it will force the agencies to discontinue the programs they have started or require that the money to run the programs come from other areas that are already under funded.

Originally the Child Tax Credit, (formerly family allowance) was established to help parents with the costs of raising a child. Items that the Child Tax Credit is supposed to help fund, such as food and clothing for the child, are covered by the basic maintenance amount for foster children. The concern was that if the agencies were to receive the Child Tax Benefit as well as Basic Maintenance for children in care they would in effect be double funded. Agencies were required to remit the Child Tax Credit back to the province.

The provincial government had allowed First Nations agencies to keep the Child Tax Credit for children in their care because of a lack of funding from the provincial government for executive functions. This solution did not take into account the actual cost of funding the executive functions but was a method of funding by allowing agencies to keep federal dollars, rather than recoup those dollars and allocate provincial dollars as expenditure.

In discussions with the Authorities, the government decided to determine the level of disparity the current funding model created and calculate an amount to increase funding by for the First Nation agencies. The government's position was not to provide both methods of funding for the same problem and the Authorities recommended funding the inequity. As a result the decision was made to require First Nation agencies to resume remitting the Child Tax Benefit to the Province.

Best practices of any funding model are to fund what is required.

We recommend that the necessary time and research be devoted to the establishment of an appropriate funding model for the system.

We recommend that the child tax credit currently remitted to government be paid into a fund that will be used to enhance the child welfare system.

We recommend that the child day care credit to be remitted to government be paid into a fund managed by the Authorities for the purpose of providing appropriate additional training and support to, and respite funds for foster care providers.

"Jordan's Principle"

This principle stands for the proposition that the government that first receives a request to pay for services for a First Nations child, pay for the service without delay or disruption. The paying party then has the option to refer the matter to a jurisdictional dispute resolution table. In this way the rights of the child come first while allowing for the resolution of jurisdictional issues.

This will ensure that a child will not have to wait for services if the system cannot determine which level of government should pay for the services and that services will be provided as necessary.

We recommend that the child welfare system adopt Jordan's Principle of Children First, to ensure the provision of uninterrupted services to children while awaiting resolution of jurisdictional funding disputes.

Transparency of Funding

Many of the resources in the general authority are within the Community Service Delivery Division of the department. There is a perception that the government agencies under the General Authority have significant funds at their disposal and that because of this, the resource distribution to the Authorities is inequitable and that the government agencies are in an advantageous position in relation to the services available to those children and families.

The general authority and some of its agencies have access to certain government resources such as the payroll system, financial administration and human resource management that others do not have access to and must purchase. These dissimilarities are not accounted for in any funding model. Also, regional Directors have been able to allocate resources to child and family services from other areas of the regional operation.

A full costing to account for these disparities was included in the original budget proposal from the Joint Management Committee to the department when first trying to establish amounts that should be funded to the Authorities. These amounts were removed in the budget that was eventually funded.

We recommend that the government services available to the General Authority and its government agencies be fully costed to ensure that funding is equitable. We also recommend that the government agencies be costed and included in the allocation of resources to the General Authority to ensure transparency of funding among the Authorities and that the General Authority have the same funding responsibilities for its agencies as the other Authorities have.

Reconciliation

Part of the AJI-CWI process included a transfer of cases from agencies/regional offices under the General Authority to agencies under one of the other Authorities. This process included a transfer of resources from those agencies including everything down to desks and chairs. The transfer process was one that created divisiveness among agencies that had established co-operative working relationships.

We were advised that there will be a reconciliation of all of the cases in care. It is expected by people in the system that this reconciliation will require resources be drawn away from one or more agencies and redistributed to another one or more agencies. This could create further tensions between agencies, or authorities, who might experience funding reductions. We were informed by the department that the intent of this reconciliation was to look at the decisions that were made at the resource transfer tables and ensure that everything had been appropriately transferred. They did not know if this would involve a transfer of money if anything was determined to have been done wrong.

The reconciliation process should not continue that experience by moving the already insufficient dollars in the system around among the Authorities. If a balancing of resources is necessary then the financial inequities that emerge should be corrected by increasing the funding to the disadvantaged authority with new dollars.

Development of new agency - Animikii

Animikii is new agency created in the Southern Authority and has case files for children whose home community is for the most part North Western Ontario.

Animikii received its proportionate share of the Southern Authority's allocation of the Winnipeg resources based on the number of children for whom responsibility was transferred. This notionally included funding for executive positions; however with the loss of economies of scale, when the agency was created it did not receive adequate funding, specifically for its executive.

The result is that the agency has taken salary dollars for its executive functions from the amount that was transferred for workers and supervisors, reducing the number of available workers, and increasing the workload of the remaining workers.

We recommend that Animikii be reviewed to determine the level of funding appropriate to allow it to operate with a management structure that does not require that funding for workers be reduced.

We recommend that a study be undertaken to determine whether any of the children in the care of this agency have case files open in another jurisdiction from which funding could be obtained.

X HUMAN RESOURCES

Subsection 86(k.1) of the CFS Act gives the Lieutenant Governor in Council the power to make regulations respecting the qualifications to be met by people who provide services to or for agencies.

Part 2 of the CFS Regulation deals specifically with agency staff. It requires agencies to obtain a child abuse registry check and a criminal record check for any person who provides or proposes to provide work or services to the agency, whether as an employee, volunteer, student trainee or in any other way. In addition to these checks, agencies must also obtain a prior contact check for

any person who works with foster children on behalf of an agency or foster care licensee. These checks must be dated within three months prior to the date when the person commences providing work or services to the agency or applies or proposes to do so. Upon reviewing the checks, the agency must be satisfied that the person does not pose a risk to children and is able to discharge his or her responsibilities.

Subsection 4 of the CFS Regulation relates to the qualifications of agency contract staff. It requires agencies to ensure that people who provide work or services to the agency on a contract basis meet the same qualifications as to education and experience met by an employee of the agency who performs the same duties.

Additionally, the CFS Authorities Act, subsection 19(f) requires the Authorities to establish hiring criteria for people to be hired to provide child and family services and ensure that those criteria are implemented by the agencies they have mandated.

Qualifications

Workers hired or retained to do front-line child protection work must meet one of two entry qualification levels: Field Staff (FS1) or Field Staff 2 (FS2). These new levels apply to the qualification of the people filling the positions rather than the positions themselves. FS1 and FS2 applicants are hired to the same position level and are therefore not subject to different work assignment criteria. However, people with FS1 entry qualification are considered only if there are no applicants who meet FS2 entry qualifications and who can perform the duties of the job. People hired with FS1 entry qualifications commit in writing to an education and training plan that will lead to a FS2 designation.

Qualifications for a Field Staff 2 designation are:

- Bachelor of Social Work degree from an accredited university;
- Master of Social Work degree from an accredited university;
- Completed Pre-Master in Social Work degree from an accredited university;
- Related Social Services degree from an accredited university plus two years of social service experience;
- Post-Secondary diploma in a related field plus three years with direct Child Welfare experience;
- Post-Secondary certificate in a related field plus five years with direct Child Welfare experience; or
- Grade 12 diploma plus ten years with direct Child Welfare experience.

Direct Child Welfare experience is calculated as year for year for front-line child protection work and one year for every two years of all other Social Services related employment.

Qualifications for a Field Staff 1 designation are:

- Completion of a Grade 12 diploma or General Education Development (GED) testing program;
- Stability in one's personal life demonstrated through skills in decision-making, problem-solving and leadership;
- Significant approval and respect from members of the community where the person will be working;

- A cultural background consistent with the community where the person will be working or a sound understanding of the community's cultural traditions; or
- An acceptable level of counseling and interpersonal skills demonstrated through prior work experience.

Qualifications that are considered an asset, but are not required include a person's affiliation with a community and an ability to speak or understand an Aboriginal language.

An agency must provide FS1 front-line child protection workers with additional supervision on a weekly basis or assist them in carrying out their duties. Supervisors are required to record on personnel files the amount and frequency of supervision provided, progress reports with respect to education and training plans, and results of performance reviews.

Within one month of hiring a front-line protection worker with FS1 qualifications, an agency must in writing assign the person to a formal mentoring relationship. The mentor must be a senior worker with FS2 qualifications and two years direct Child Welfare experience. Any necessary workload adjustments for the mentor are the responsibility of the agency. The terms of the assignment must include the following at a minimum:

- A statement that a mentor will be provided for a minimum of six months;
- A description of the role of the mentor and the fact that the relationship does not replace and should not undermine the role of the Supervisor;
- The nature and frequency of contacts between the mentor and the worker and a commitment to ensuring daily contact if necessary and possible; and
- The types of mentoring to be provided including job shadowing and coaching, case advice, emotional support and orientation to agency and community resources.

All new employees to an agency, whether FS1 or FS2, are subject to a six month probationary period during which their suitability for ongoing employment with the agency will be assessed. Any employee who does not meet performance expectations or any other employment obligations will be subject to employment review and action, such as an extension of probation or termination of employment.

Education

Social work education consists of theoretical courses and practical training at the undergraduate or graduate level. In most provinces across Canada the Bachelor of Social Work is the minimum educational requirement for entry into the social work profession.

A four-year undergraduate program is required for a bachelor's degree. People who have a Bachelor of Social Work degree may obtain a master's degree after one year of postgraduate studies. Those who have a degree in another discipline would require a two-year postgraduate program in social work to obtain the master's degree in social work. The Canadian Association of Schools of Social Work has the responsibility for accrediting university-based social work programs.

In addition to the Bachelor of Social Work program offered at the Fort Garry Campus, the University of Manitoba also offers the following programs:

- **Inner City Social Work**
- The program is for low-income mature students (21 years of age or older), and is designed to provide a BSW degree from the University of Manitoba to residents who have had limited educational opportunities due to social, financial and academic barriers.
- **Aboriginal Child Welfare Initiative**
- The program is for low-income Mature Students (21 years of age or older) who are of Aboriginal ancestry and who have work or volunteer experience in child welfare or a related field. This program was specifically designed to professionally train Aboriginal social workers for practice within the restructured child welfare system.
- **Northern Bachelor of Social Work Program**
- The curriculum is designed to meet the specific needs of Northern Social Work students.

The latter programs offer the same curriculum as the Fort Garry Campus BSW program however with more of an Aboriginal Focus.

Formal education does not emphasize the written component in child welfare and fundamental learning does not teach proper documentation. There is very little in the BSW program on writing case plans and assessments and nothing on preparing documents for court. All four of the social work programs discussed in the previous section offer courses that are specific to working in child welfare. This is of some benefit to those students who plan on entering the field of child welfare however even with these courses many of the workers we spoke to felt that the BSW program did not adequately prepare students to enter the field of child welfare.

In some areas, particularly remote communities, it is difficult for agencies to recruit because there are no applicants with a BSW and therefore they cannot fill a position. At times they will hire people with a related degree or relevant experience because of the leeway in the workforce qualification standard. However if they hire a person who does not have a BSW, the agency must train them.

In addition to the programs discussed above the University of Manitoba also offers two other programs which are more specific to the Aboriginal social work field. One is the distance delivery of the Bachelor of Social Work program for students who reside outside of Winnipeg and who have been employed for at least 2 of the previous 5 years in the social services. It is intended to target individuals who are employed as social workers but who have not had the opportunity to pursue professional social work education. The program allows individuals to complete the degree in their communities.

The second program is the Aboriginal Child and Family Services Diploma. This program was designed for individuals who currently work in, or plan future employment in the Aboriginal Child Welfare field. Instructors have had direct experience working or teaching in Aboriginal communities.

Training and Orientation

The most beneficial learning is the learning that occurs on the job. However many new employees feel they are put into a "sink or swim" situation as there is very little, if anything, in

terms of an orientation provided to them. Since 1994 the Branch has been responsible for planning, coordinating and delivering a curriculum of Competency Based Training (CBT) for supervisors/managers and caseworkers. The Core Competency Training was developed by the Institute of Human Services in Columbus, Ohio. It has been adapted and changed to reflect service delivery in Manitoba. Included in CBT training in Manitoba are discussions on the impact of the 60's scoop, residential schools as well as AJI.

When Core Competency Training began, the plan was that everyone in the province would be trained in it. However it was never made mandatory. Many agencies have made it mandatory for their staff but in most cases workers are required to pass their probationary period before the agency will invest in training.

There is also an Orientation and Self Directed Learning Manual for Child Welfare Caseworkers that compliments the Core Competency Training program however it does not appear that agencies utilize this orientation. The Manual serves two important purposes; it orients the new worker to their job and their agency, and it will help the worker to transfer and use the knowledge and skills learned in Core Training back on their job.

The Manual outlines activities that workers should complete with their supervisors before attending core training. It recommends several areas that should be covered before workers are assigned their first case. It recommends a gradual process for orienting new employees and slowly building up their case load. During the review we heard that new workers starting in the child welfare field have inadequate orientation to the job and a short time period to learn a huge volume of information. Many workers we spoke with identified that their orientation to their new job in child welfare consisted of being handed the policy and procedures manual and told to read through it followed soon after by receiving a large case load.

Although competency based training does cover a lot of valuable information formal training workshops cannot, by themselves, develop a worker's abilities to the level of mastery needed to effectively perform their jobs. On the job training, constructive feedback, and much practice are necessary to help acquire and perfect these complicated skills. (SDLM Introduction Pg. IV, 1994)

Although the programs through the University of Manitoba do offer some course components specific to working in Aboriginal communities there are still accessibility issues for those who reside in the north due to a lack of adequate training dollars in child welfare agencies. In addition workers with treaty status are not eligible for band sponsorship if they are working.

Workers who are not trained or qualified may feel they are in over their heads. A BSW may not be necessary; however workers require some kind of experience. It is not fair to put people into positions where they do not have the foundation or background necessary to do the work.

A majority of workers we spoke to identified significant barriers to meeting the provincial standards, in particular due to the varied formats of standards, access issues and a lack of availability of the manuals as well as the absence of training and orientation to standards. Workload was another significant factor that had an impact on achieving these standards.

Lack of an adequate orientation and a "sink or swim" mentality contributes to the high burnout rate experienced by social workers. Child welfare is a highly stressful and demanding career and it is not reasonable to expect new workers to adjust to the system without allowing them an opportunity to gradually adjust to the demands of the profession. Workers need to have time to go through the agency standards, policies and procedures to have a basic understanding of agency expectations. As mentioned previously although there are courses in the BSW programs that are more specific to child welfare, many workers who end up in the field did not plan on pursuing a career in child welfare and may not have selected those electives in University. This makes orientation and training even more important.

Workers are overwhelmed and feel inadequately prepared when they begin working in child welfare. Many workers we spoke to did not feel that the BSW program had prepared them for the realities of working in child welfare. A lot of workers felt it was equally important to have a connection to the community they served as having some formal education. Those workers without a BSW stated that they value formal education and would like to have the opportunity to obtain a degree however there is not a lot of funding for training and educational opportunities. In addition workers would need to have the time to focus on the training.

Workers would also like more specialized training in areas such as suicide prevention and intervention, working with teenagers, conflict resolution, FAS/FAE, filling out forms and doing the assessments, etc. Workers want to have training in areas that affect their clients; they want to have an understanding of the issues that affect their clients and information on how to work with those clients.

The workers we spoke to for the most part praise the Core Competency Training program however felt that there was a lot of information to be absorbed in a short time. Workers felt they needed their supervisors to engage them with some transfer of learning activities to help retain the information. Workers also stated they enjoyed CBT as it provided an opportunity to network with workers from other agencies. The majority of the Aboriginal workers we spoke with stated that they thought the CBT was valuable and that it was culturally appropriate.

Prior Reviews

Inadequate training of CFS personnel has been identified in previous reviews (Ryant, 1975, Kimelman,1985, Sigurdson and Reid, 1987, and Connor, 2003). A study by Anderson and Gobeil examined recruitment and retention issues in child welfare in Canada (2002) based on child welfare league of Canada members' responses. The authors found that high turnover rates (particularly in the first two years of employment), difficulty in recruitment (includes issues such as recruits' qualifications, the draw to urban centres, remuneration), problematic vacancy rates and inadequate training proved to be obstacles in recruitment and retention of workers. In terms of the work environment, recommendations included: increase training (supervisory and staff), the promotion of the agency's mission and values, increase morale and effectiveness through agency-specific strategies, reassess 'goodness of fit' between employees and their jobs on a regular basis.

Best Practices

In their examination of "good practice" in child welfare the Canadian Association of Social Workers identified key organizational factors considered necessary to enhance good practice some of those were:

- Comprehensive, job-specific training by the employer for all new staff
- Ongoing opportunities for professional development provided/enabled by the employer
- Competent and qualified staff: social work specialization in child protection, job training and continuing education, good practice

Training and development offers more than just increased knowledge. It offers the added advantage of networking and drawing from others' experiences. When you attend a seminar or event with others who have jobs that are much like yours, you have the added benefit of sharing from life experience. The seminar notes or the conference leader might not give you the key nugget you take back and implement in the workplace. Your best piece of advice for the day might come from the peer sitting beside you.

We recommend that a system wide approach to training be implemented that ensures that workers receive the basic training that they need before being assigned to case work.

We recommend when a new worker begins employment they should shadow a more senior worker until completing an orientation program.

We recommend that completion of training be a condition of passing a probation period.

Mentoring

Some agencies offer opportunities for mentorship however most workers we spoke to identified that there is no formal mentorship arrangements at their agencies. Workers will consult with one another or go to their supervisor if they are available. With case loads as high as they are senior workers do not have the time necessary to devote to mentoring new employees.

The result of this is that workers become overwhelmed, contributing to the high turnover rate in child welfare. There is little consistency for clients when workers are frequently changing. A significant component of child welfare work is establishing relationships with clients, families, foster parents and collaterals. When workers burnout quickly and move on, there is a huge impact on the families being served because they must reestablish relationships. This may also lead to inconsistency in case planning.

Knowledge that can only be gained through years of on the job experience is highly valuable to new employees. Advice on resources that can be accessed and networks in the community can be passed on. Without this a worker may not know about possible resources they can connect a family with. The knowledge and experience that can be passed on could potentially ease an employee's workload. Also the ability to shadow senior employees offers new workers a chance to familiarize themselves with office and court procedures making this work a little less stressful when confronted with doing it themselves.

People are leaving the child welfare field because they are faced with very difficult work without adequate preparation. Some agencies try to give new workers lower risk cases, but then the experienced workers get all high risk cases and have no time to train new workers. There is not a formal practice of mentorship established within agencies however workers will often consult with coworkers and exchange information and advice on resources and planning when they have time. Workers report that a longer orientation program which would include opportunities to shadow other workers especially opportunities to shadow other workers in court would be invaluable.

One agency reported that a staff member who has been there for 12 years is mentoring because they have been there the longest, but there is no allowance made for the time that this takes away from the senior worker's own case load. Workers expressed a desire for mentoring and an orientation that is logical and sequential with support.

We recommend that a mentorship program should be established to allow workers to gain field experience while receiving advice and guidance from a social worker with experience in the child welfare field.

Morale

The Canadian Association of Social Workers (CASW) and its member organizations have long been aware that social work practice in child welfare has become increasingly complex and demanding. From many parts of the country we hear that practitioner morale is poor. Some of the causes are:

- caseloads are too large,
- there is a shortage of qualified social workers,
- many qualified practitioners are poorly paid,
- the attrition rate is high, and
- there is a major "image" problem regarding child welfare work.

The good practice of many practitioners is hampered by a lack of resources, or inability of organizations to provide the support required to meet the needs of children and families. (The Canadian Association of Social Workers Child Welfare Project "Creating Conditions for Good Practice")

Some workers are leaving the system because they do not see any hope for improvement in the system. As mentioned previously high turnover rates negatively impact individuals at all levels across the system, it is hard to provide continuity in service when people are leaving. A lack of morale among employees adds to an increase in sick days. Too much negativity in the system stigmatizes children and families, the foster families and makes people fearful of seeking help.

Workers feel undervalued and that their hands are tied. Caseloads are too high and workers say they are drowning in paperwork. It takes away from the time workers have to spend with their clients. Workers have told us that they feel that they are no longer social workers but have become data entry clerks.

Many workers reported that morale in their agency is "horrendous". Some staff members reported that they are fearful of expressing their opinions. Many staff feel the government has not been respectful of people who do child welfare work. Agencies have been creative and doing work within budget limitations for years with no recognition, no additional staff or other resources, and inadequate compensation. Recent developments, the handling of the AJI-CWI process and how they have been treated throughout the process, have left some staff with no confidence in leadership in child welfare.

Some workers expressed that they are burnt out and feel a lack of recognition for the work that they do. Some agencies have staff on-call 24 hours a day on top of their daily caseload requirements with little compensation. Employees reported that coworkers are suffering from this situation and are on sick leave, anti depressants, or exhibiting other symptoms of this situation.

Workers would like to change the perception of the work they do and rebuild the support of the community. However there is little funding for prevention work. Workers try to be creative however it is difficult due to time constraints.

Workers reported high levels of frustration with not being heard by government. They have been through previous reviews. They say they have offered suggestions for improvements and feel that the suggestions are repeatedly ignored.

Previous Recommendations in the Area

A study by Anderson and Gobeil examined recruitment and retention issues in child welfare in Canada (2002) based on child welfare league of Canada members' responses. One recommendation was to increase morale and effectiveness through agency-specific strategies, reassess 'goodness of fit' between employees and their jobs on a regular basis (p. 16). Recommendations related to work conditions include: "encourage flexible working conditions, review size and complexity of caseloads, revisit time spent on administrative duties, and address worker safety" issues (p. 18). The authors also made recommendations related to salary and benefits. These include the identification of "salary increases as a priority in agencies where they fall short of the marketplace norms, taking into account workload, experience and living conditions" (p. 19).

Findings and Conclusions

Workers do not trust that things will improve as a result of recommendations in these reviews. Many reported being hopeful but added that they have heard this all before. They have. There have been several reviews over the years and a lot of the issues are the same. In order for morale to begin to improve workers need to know that they have a voice and that they have some influence to improve the system they are working in.

The system needs to foster greater respect amongst agencies. Workers had suggested multi-agency retreats to improve morale and to provide an opportunity to network with workers from other agencies. Opportunities to attend training with workers from different agencies would provide a good opportunity for networking.

Agencies need to be funded to provide prevention services. This is the key to beginning to work towards changing the image of workers from people who only apprehend children to service providers. Communities need to feel that agencies are a resource where they can receive support and assistance and not something to be fearful of. If agencies cannot offer prevention programs then the only contact families will have with workers will be in times of crisis and high conflict. The ability to work with the communities that they serve would aid workers in changing that image which would in turn increase employee morale.

We recommend that the government allocate $1,250,000 immediately to be annualized in 2007/08 and thereafter at $5,000,000 million plus necessary increases for price and volume for workload reduction purposes.

We recommend that this funding be used to hire administrative support staff to relieve the front line workers and supervisors of administrative functions, to hire case aides to assist workers in providing non social work services to children and families, including home makers and hiring additional workers where the need is greatest in the system.

We recommend that access to a program similar to the government Employee Assistance Program be made available for all agency staff and training for the development of peer support programs be made available.

We recommend the infusion of workers to the system to provide supportive and preventative services as described in the section of this report on differential response.

XI External Community Resources

Families in Manitoba today face a multitude of issues; violence, poverty, addictions, suicide ideation, unemployment, marital breakdown and custody disputes, as well as physical and mental health issues to name a few. They rely on the resources available in the community to help when they experience such circumstances. When children are involved, child protection is most often an unfortunate necessity which typically results when these issues become severe or remain unresolved for a lengthy period of time.

When you consider the marginal availability of services in a community; the magnitude of the problem is exacerbated when the child welfare system attempts to access already limited resources for a large percentage of their clients. The CFS Act mandates child and family services agencies to act in the "best interests" of the children that they are serving. In order to effectively achieve this there must be linkages, planning and dialogue with external resources and organizations. As indicated in the Best Practice Report, these services need to be comprehensive, accessible, responsive, flexible and adaptable to the needs of the client. Only with such collaboration can you have an integration of services and achieve a client focused support service that effectively meets the needs of the client. This is particularly important during a time of crisis. Unfortunately in our already overburdened system this does not always occur.

The availability of community collaterals in the fields of health, education, housing, justice and law enforcement services is essential to the child welfare system and the clients they serve. Staff throughout the child welfare system identified these key stakeholders who they felt needed to be more actively partnered and integrated with their service delivery. They felt a more coordinated response to children and families would result in better, more effective service.

Local Community Support

Front line workers felt that there is no support or protection for them when things like the death of a child occur. The community and press finger point and blame them for not preventing the tragedy. The workers felt they were unable to defend themselves by telling their side of the story. This negatively impacts on workers' morale and affects their ability to effectively perform their jobs. In these scenarios ultimately it is the children and families that suffer.

The front line workers felt they needed open communication and support from the community at large to be effective in doing their job. They felt it was important for everyone to remember that they are in the field doing work in child welfare because they care.

There was a general feeling that social power and responsibility for children and families should be returned to the communities in which they reside. This was in particular reference to community members becoming involved with supporting the child welfare system, through volunteering, fundraising, and fostering. Community involvement would create a better understanding of the system and hopefully develop creative solutions to the problems faced by families and children. The result would be a true community based service.

Health

Children with special needs and complex medical problems become involved with the child and family services system because families can not adequately care for them. These high risk individuals are particularly vulnerable to the shortfalls of the systems that exist to support them. Children with mental health or behavioral management issues, or problems related to suicide ideation, alcohol or drugs often become the responsibility of child and family services because no one can address the special needs of such a child. Agencies are expected to develop case plans and coordinate with health systems to provide appropriate service.

Front line workers are trying to do the best they can with the resources they are able to access. Unfortunately staff in the child welfare system are generally not well trained to deal with the special needs of these children or their families. They essentially are like any other parent who must find services for a child in need. Unfortunately unlike any other parent, child and family services is often severely criticized when they are unable to find the appropriate service or resource for a child or family – even if that resource does not exist.

Front line workers were concerned that there are insufficient resources to stabilize youth and/or families in their communities. They recognized that the health care system does not have the resources necessary to deal with all the health issues which arise in a community. They advised that some programs were not even available in the communities they served. This results in their clients having to move to other areas in order to receive service. They expressed concern that the health care system can limit the number of people admitted to a specific program. If you do not

get in to the program you want or receive the service you want, you can go on a waiting list. However when a child or family is experiencing difficulties and the child welfare system is involved, the system is mandated to help. When treatment has occurred and there are not adequate resources in a community to address stabilization issues, there is often recurrent crisis and repeated interventions are necessary from an already overburdened system. There is a feeling of helplessness and frustration from front line workers as to what exactly they are suppose to do in these situations.

This issue was repeatedly raised as a concern with respect to the availability of mental health services. Also there was particular mention that there are no Addictions Foundation of Manitoba (AFM) treatment programs in the north even though alcohol issues are prevalent.

There was a general sense that the adult system problems arise from either the lack of response or poor response within the child welfare system. The general consensus was that to have a positive impact, community collaboration is required to address the problems as they arise. There was a feeling that child protection is a specialty field. Given the complex needs of families, child welfare service provision is more than child protection services; it is also support and prevention. To meet the needs of children and families in all communities there needs to be an integrated service model that makes the best use of the resources that are available.

Law Enforcement

While many jurisdictions commented on the positive working relationship they had with police services there were areas which expressed concern that they were unable to obtain assistance when responding to potentially dangerous calls, or that response times were slow as police were very busy, short staffed, or too far away and therefore not available or accessible to assist child welfare staff with the crisis. Our general impression was that in most cases if a law enforcement office was located either in or close to a community, and a collaborative relationship had been developed, there was more of a team approach to addressing problems as they arose. When this did not happen the child welfare workers felt they were left on their own to deal with situations that they were often ill equipped to handle and which were potentially very dangerous.

Justice

While front line workers recognized the importance of attending court for their wards they advised that sometimes they did not attend due to workload issues. They indicated that often when a child is released from a correctional facility there is no appropriate placement available so the youth remain in the custodial facility. They also expressed concern that they were unable to follow through on court recommendations due to lack of resources. If the youth does not have proper supervision and follow-up, they may miss their court appearance or breach their bail conditions. The result is that the youth is then brought back into custody.

Education

Many of the workers we spoke with indicated that often their Aboriginal clients were still struggling with residential school abuse and colonization issues. They commented that in some communities there was difficulty getting parents and education staff to work together. Often this results in youth opting out of the school system. Although there are no apparent child protection

issues in such situations, there is an issue of possible neglect as the youth are not in school. Accordingly child and family services is contacted to assess the situation and provide assistance as necessary.

Many of the children who come to the attention of the child welfare system are special needs children. They are often difficult to manage and schools do not have the time or resources to provide the appropriate support. If the child can not function in the school they may be expelled or drop out. Workers expressed frustration as to what they could do to resolve such situations.

Financial/ Employment and Income Assistance/Housing/Unemployment

The issues of poverty, poor housing and unemployment run rampant in some communities. These are complex issues that the child welfare system can not be expected to address. Yet repeatedly when a family has no money for food, or their hydro has been cut off, it becomes a child protection issue. Child and family services are called because a child may be at risk. Workers expressed an overwhelming sense of helplessness on how they could possibly address these situations given their mandate. We repeatedly heard that they felt that child welfare was a dumping ground to address all the ills of society and was used regularly by other overburdened systems.

The limited funding available for treatment and preventative services for the children and families were also identified by most agencies.

Communication

A number of front line staff indicated that they felt many of the collateral agencies were using *The Freedom of Information and Protection of Privacy Act (*FIPPA) and *The Person Health Information Act* (PHIA) to avoid talking to them about the children and families that they were working with. They felt that there should be more education and training (both internally and externally) so that people from the various agencies would share information and work together more collaboratively.

Clearly there is a need for increased collaboration and communication with external collaterals and clarification of FIPPA and PHIA regarding the sharing of information to assess the risk of children. There was also a suggestion to provide remote services such counseling or training over the internet. An example of the Province of Manitoba's program called TeleHealth that has 54 access sites across the province which provides health information and training was given. It was suggested that there could be a similar system for people in the north to access child welfare services. These education, communication and collaboration issues can be addressed through our recommendation relating to the child welfare secretariat.

Front line workers felt that there was confusion of collaterals regarding who they should be calling to deal with a particular situation. This added to the front line workers workload because it was often difficult to determine who they should be talking to despite working within the system themselves.

The issues raised by staff who participated in our review identified a need for a more client centered service delivery with a differential response that supports prevention as well as

protection. They felt this approach would provide better accessibility to treatment resources and prevention programming. With a more client centered service approach the government could then tackle the larger problems of poverty and substance abuse and develop appropriate initiatives and resources to deal with these issues. The recommendations which specifically relate to these issues can be found in the sections of this report on child centered service delivery and differential response – support and prevention v. protection.

XII CONCLUSION

Manitoba owes its children the best possible child welfare system. Achieving such a system must be a priority, not just for people in the system or those who are politically accountable for it, but for all Manitobans. There must be a commitment to supporting the child welfare system on a long term basis.

The design of our child welfare system must be strengthened. It must be a system that not only responds to crisis, but identifies and addresses family and societal issues that can lead to crisis if not resolved.

Child welfare in Manitoba is at a turning point. We have the opportunity to make improvements now that will strengthen the commitment to all children and families. The AJI-CWI was the most significant change ever made to child welfare in Manitoba and the promise that that change represented needs to be kept. We now have the opportunity to make system wide improvements that were necessary long before AJI-CWI implementation.

This review has examined the child welfare system with the goal of identifying improvements to its administrative structure. Accordingly, some of our recommendations call for significant expenditures and system wide changes. However, because our findings and conclusions are based in large part on the experiences of people in or affected by the system, we believe that the implementation of these recommendations can directly improve the lives of children and families touched by that system.

XIII SUMMARY OF RECOMMENDATIONS

V STRUCTURE OF THE CURRENT CHILD WELFARE SYSTEM

Compliance with Legislation

We recommend that funding be provided to the department immediately to begin the process of planning and implementing support and prevention programs throughout the province. We further recommend that by 2008/09 the full costs of providing these programs be included in the Family Services and Housing budget and that the savings realized from the program be reinvested in the system.

We recommend that Winnipeg CFS and Rural and Northern CFS report to the General Authority, consistent with the reporting structures for all other agencies in the province.

VI COMMUNICATION

We recommend that the Standing Committee annually invite the media to an information session to fully explain how the system works and how decisions are made, and to answer their questions about the system, unrelated to any case.

We recommend that before the end of the calendar year two meetings be held, one with the Executive Directors in the North and one in the South, with Standing Committee to advise of the immediate and short term implementation plans.

We recommend that a further two meetings of the same groups to discuss the accomplishments to date be held before the end of the fiscal year, and the plans for the upcoming fiscal year be set out.

We recommend that this forum continues in Manitoba with funding allocated to the Authorities for the purpose of allowing the quarterly meetings among agency executive directors and supervisors.

VII SERVICE DELIVERY ALTERNATIVES

Child Centered Service Delivery

We recommend that government programs designed to enhance the well-being of children and promote their development be coordinated horizontally, and include child welfare investment to ensure a rational approach to providing government services even in times of family crisis.

We recommend that the Healthy Child Committee of Cabinet should be expanded to include representation from the Child Welfare system on its working groups to ensure that the co-coordinated approach to promoting healthy children includes children in the child welfare system who are often those most in need of this kind of co-coordinated support.

Differential Response – Support and Prevention, Protection

We recommend that the government immediately begin the research and planning necessary for the implementation of a differential response model of service commencing in 07/08.

We recommend that the Alberta response model be studied for this purpose.

We recommend that $ 750,000 be allocated within this fiscal year to begin the process of planning an effective differential response model in the child welfare system.

We recommend that funding be allocated in 2007/08 to begin staffing action for the differential response model in that year in the amount of $7,500,000.

We recommend that the model be fully implemented in 2008/09 with funding allocated in the amount of $15,000,000 and that ongoing funding in that amount plus price and volume increases be provided in following years.

We recommend that any savings achieved elsewhere in the system as a result of the differential response model be reinvested in the system.

We recommend that the differential response capacity be attached to the designated intake agencies throughout the province and in First Nations communities in order to ensure assessment and appropriate service at the point of intake.

We recommend that a responsibility of the differential response system will be to connect families with other early intervention programs developed by government that may assist in dealing with the issues they are facing such as Healthy Child Programs including, Healthy Baby, Families First, Triple P, and FAS Strategy but that this brokering service be in addition to and not instead of providing direct service to children and families.

We recommend that sufficient funding be put into place to ensure the support and prevention services to a family needing those services follows the family when the file is transferred to an agency as an ongoing case.

We recommend that sufficient funding be allocated to allow support services to continue through the support and prevention program even after a child welfare protection file is closed where a family may need ongoing support.

The Child Welfare Secretariat

We recommend the creation of a Child Welfare Secretariat which will be staffed by those people now working in the Branch and in Strategic Initiatives whose responsibilities relate strictly to the authorities and that the Joint Training Unit become part of the CWS .

We recommend the creation of 10 new FTEs with the necessary salaries, benefits and operating funding required allocated equally to the Authorities and the Branch and those employees will have an employee/employer relationship with the entity they represent.

We recommend that the staff currently at the Branch and the Strategic Initiatives Program that are assigned authority relations responsibilities become part of the CWS. We recommend that the Joint Training Unit become part of the CWS.

We recommend that a manager of the secretariat be designated whose functional reporting will be to the Director, but who will have operational responsibility to the Standing Committee.

We recommend that the Secretariat undertake the developmental activities as specified on page 29 – 31 of this report.

Aboriginal Approaches to Child Welfare

We recommend that the standing committee research and evaluate the alternative approaches to child welfare as specified on page 35 – 38 of this report.

Oversight of the Child Welfare System

We recommend that The Fatality Inquiries Act be amended to remove the responsibility set out in Section 10 from the Chief Medical Examiner and amend the CFS Act to include the responsibility under those duties and responsibilities of the Office of the Children's Advocate (OCA).

We recommend that the necessary amendments be made to the CFS Act, to require the OCA to inquire into the circumstances surrounding the death, and make recommendations to prevent similar deaths in the future. These amendments should ensure that the OCA is provided with access to all records held by government that relate to collateral services provided by government, regardless of which department.

We recommend that the staff, staff years, salaries and operating funds be transferred from the CME to the OCA and that those staff become a separate division within the office of the OCA to ensure that they are not investigating complaints. Further, we recommend that two additional full time permanent staff years, and necessary salary and operating funds be allocated to the child death review division of the OCA.

We recommend that the reports of the investigations into the deaths of children conducted by the Office of the Children's Advocate, forwarded to the Director and Authorities, also be forwarded to the Ombudsman to determine what action has been taken in accordance with the recommendations made.

We recommend that The Ombudsman Act be amended to require the Ombudsman to submit a separate annual report to the Legislature on the results of investigations of the system's compliance with recommendations made by the Office of the Children's Advocate concerning child deaths.

Compliance with Standards

We recommend that the provincial standards (foundational standards) to ensure the safety of children be applicable in all situations throughout the province and be completed as a priority.

We recommend that every worker in the province receive training on the foundational standards.

We recommend that the foundational standards be published online and that every agency office and sub office receive a manual containing the standards as well.

We recommend that no standard be implemented without the opportunity for meaningful comment from front line protection workers representing each authority.

Intake

We recommend that the standard that requires supervisors to sign off on decisions in the intake module be replaced with a requirement that a supervisory decision be made in consultation with the worker and that the recording of that decision be done by administrative staff on the direction of supervisors.

We recommend that in order to ensure that necessary information to make decisions is available to DIAs funding be provided to agencies to hire the additional resources necessary to have sufficient staff available in each agency to answer questions that may come from them regarding children and families. These staff can work on an on call basis, but this responsibility should not be added to front line workers who are already overburdened.

We recommend that the issues with CFSIS be addressed and that staff have access to cases across the Province.

Authority Determination Protocol

We recommend that the ADP process be streamlined to the extent possible and be written in language that can be easily understood by people with limited education.

We recommend that the ADP process be evaluated to determine how choice can effectively be offered to every family in situations where only one agency provides service.

We recommend that the ADP process be able to be completed by staff other than front line workers in order to reduce the administrative functions performed by workers.

Joint Intake Response Unit (JIRU)

We recommend that the Department and the Interim board of JIRU collaboratively determine a single reporting structure for JIRU.

We recommend that clear parameters around each program of JIRU be developed, inclusive of the identification of roles and responsibilities within each program area.

We recommend these parameters be consistently communicated to the staff of JIRU, the staff of other mandated agencies, and to the core social service agencies that interface with JIRU.

We recommend that strategy be developed to address how collateral agencies and organizations can send non-urgent referrals to JIRU.

We recommend that clearly defined processes around the dayside workers requests for afterhours service be developed and consistently communicated to all agencies which interface with JIRU.

We recommend that clear program parameters be established for the general intake program at JIRU.

We recommend that a consistent model or standardized tool for the assessment of risk be implemented and adopted by all agencies across the province.

We recommend that clear program parameters be developed for the Abuse Investigation Unit. If the unit remains as an auxiliary unit it is imperative that roles and responsibilities of the unit and involved agency be clearly defined.

We recommend that the abuse investigation unit criteria be expanded to include the scope of abuse as outlined in legislation.

We recommend that adequate funding be made available to facilitate specialized training in the area of abuse investigations and child maltreatment on an ongoing basis to all workers responsible for investigating abuse.

We recommend that opportunities be established for regular communication between JIRU and the other mandated agencies to address issues that impede the coordination of seamless service delivery.

We recommend that the EPR system continue to implement the recommendations of the OCA's March 2004 review of the shelter system, where appropriate.
We recommend that $1,000,000 be allocated in 2006/07 to begin the process of planning, recruiting and training for additional foster homes for emergency placements for children as an alternative to placing them in hotels with contract care, or in shelters; and that this be a process of continuous recruitment not a targeted number recruitment.

We recommend that the savings achieved through this process be reinvested in the continuous recruitment of these foster placements.

We recommend that the system be designed with the necessary flexibility to allow and encourage emergency foster placements to be converted to regular foster placements where a bond is created between the child and the foster care provider.

We recommend that the Authorities and the Branch who are jointly responsible for the protection of children in the province be responsible to ensure that JIRU is functioning effectively and appropriately before it becomes an agency in its own right. Because of the numbers of children and families who come into contact with JIRU and because each authority has agencies for which JIRU will do intake, it is appropriate that it remain under the guidance of the CWS until all issues are resolved and the members of the Standing Committee are satisfied JIRU is functioning to mitigate risk to children.

We recommend that the responsibility of JIRU to provide information to workers from other agencies from CFSIS be transferred to the CWS.

Designated Intake Agencies (DIAs) – Outside Winnipeg
We recommend that the DIA after-hours system in the various geographical regions operate with a full complement of staff who are not already employed in social work positions during the day, regardless of whether after-hours operates on an on-call basis or as an operational unit.

We recommend that the DIA function outside of Winnipeg and on-reserve, be adequately funded to allow for the delivery of the range of support and preventative services prescribed under legislation.

We recommend that all DIAs have access to CFSIS other than through JIRU.

We recommend that a service delivery steering committee be established in each region to promote the sharing of information, collaboration of resources, coordination of seamless service delivery among the DIA and the agencies. This should be promoted and encouraged by the Authorities.

We recommend that adequate funding be made available for increased emergency care resources outside the city of Winnipeg, and that these resources be accessible to each DIA.

Transfers

We recommend that to achieve the time frames for a case transfer throughout the province, if a receiving agency does not accept the transfer within the time frame prescribed by the standards, the sending agency will forward the case record and appropriate documentation to the relevant authority for transfer to the receiving agency.

We recommend that there be scheduled meetings among agencies operating in the same region to discuss and resolve barriers to acceptance of cases at transfer.

We recommend that court documentation required for a protection hearing be amended to permit a concurrent application for transfer pursuant to Subsection 28(2) of the CFS Act.

We recommend that the standard regarding the type of information to be included with a file at transfer be enforced.

We recommend that staff receive training regarding the completion of the documentation required at transfer to ensure that adequate and complete information is included with the case record.

We recommend that case consultations occur between sending and receiving agencies, upon the request of receiving agencies that have not received adequate information at transfer, in order to facilitate the transition to ongoing service.

We recommend that meetings occur between designated intake agencies and the agencies they serve in order to develop protocols delineating the roles and responsibilities of intake agencies and ongoing service agencies.

Transfers – Permanent Wards

We recommend that a review be conducted of the family histories of all permanent wards to ensure that siblings are served by the same authority and agency and to the extent possible that they are placed together.

We recommend that the necessary steps be taken for the future to ensure that siblings are served by the same authority and agency to avoid the system creating further fragmentation of children's families.

We recommend that efforts be made to ensure that permanent wards whose culturally appropriate authorities were misidentified during AJI-CWI be transferred to their culturally appropriate authority.

Ongoing Service Delivery

We recommend increase staffing of frontline workers to meet standards for client contact and administration.

We recommend that alternatives to the interventions currently used in the child welfare system be researched, evaluated and planned by the CWS.

We recommend that adequate funding be made available for family support programs to be accessed by families regardless of whether or not the child is in the care of an agency.

We recommend that the Authorities monitor the agencies use of VPAs and ensure that they are entered into under the appropriate circumstances.

Community Response

We recommend that the child welfare system provide assistance to children who have been in the care of the child welfare system and who are "aging out" of it, to ensure that the support that they receive focuses on independent living skills, rather that being cut off upon reaching majority.

We recommend that a mandatory requirement be written in the foundational standards that the social worker for a child who is incarcerated must ensure that an appropriate placement is available for that child so that release from correctional facilities occurs as ordered by a judge.

We recommend that a mandatory requirement be written in the foundational standards that the social worker for a child attend court with a child to ensure that the child can be released to his or her custody as required.

We recommend that workers establish and maintain effective contact with the children for whom they are responsible.

We recommend that every child over the age of twelve receive a card with the worker's name and phone number printed on it, and alternatives to contact if they cannot reach the worker.

Foster Care

We recommend the recruitment and training of specialized foster parents for high needs children and sibling groups and further recommend that other government programs with responsibility participate in achieving this recommendation.

We recommend that the Branch be responsible for the licensing of "non-mandated" agencies' foster homes.

We recommend that foster rates should be consistent throughout the province taking into consideration the costs of providing services in the community in which the home is located.

We recommend that a fund be established from the Child Care Benefit remitted to the government for the purpose of enhancing respite and support workers for foster families.

We recommend that funding for education and training of foster parents also be provided from the fund established from the remittance of the Child Care Benefit.

We recommend that the foster care regulations be reviewed in consultation with the foster parents to ensure that their ability to establish a routine home environment is supported to the extent possible by the regulations and not impeded by them.

We recommend that the requirements for foster homes be redeveloped to take into consideration community standards and practices in order to prevent the requirements being a barrier to the preferred goal of keeping children in safe and loving environments within their own communities.

We recommend that the Child Care Benefit that will be remitted to the provincial government be used to create a fund for ongoing support of foster parents, to provide training, promote effective communication with agencies, and provide enhanced respite for foster families.

IX Financial Resources

Provincial Funding

We recommend that the current funding model, including the Basic Maintenance rates, be reviewed and amended now to ensure that all necessary items are being funded at realistic rates.

We recommend that the funding model provide current price and volume funding for all requirements of operating the agency and funding the needs of children.

Support and Prevention Funding

We recommend that funds be allocated immediately to begin the process of implementing a support and prevention model in the system at the intake stage with additional funding to follow a family receiving support when the case is transferred for ongoing service.

Funding Assessments

We recommend that a standard child assessment form be established to be used by all agencies to ensure that a child receives the same level of service regardless of where s/he lives. The assessment must be structured to take into account the different costs in the province so that regardless of the cost, the service provided is the same.

The "existing envelope"

We recommend that the necessary resources immediately be dedicated to developing, and implementing, a fully researched, needs-based funding model and that the funding needed as a result be provided for the child welfare system.

We recommend that in the course of developing a needs based funding model that there be a study conducted focused on the costs of providing services in remote communities and that the results of this study be used to develop a model that is appropriate for each community, taking into consideration mode of travel, costs of goods and distance from the service centre.

We recommend that the funding model be changed from one that is based on the number of children in care to one that provides funding based upon the needs of the system to deliver child welfare services, including the flexible services that will be offered through the differential response that will prevent children from coming into care.

Impact of Differential Models of Funding

We recommend that the provincial government enter into discussions with the federal government to develop a plan to ensure consistent funding models that will provide services

equitably across the province regardless of the status of a child and regardless of where the child lives.

We recommend that standard rates and standard methods of assessment be established for all resources that may be required regardless of where in the province they are located.

Child tax credit/child day care credit
We recommend that the necessary time and research be devoted to the establishment of an appropriate funding model for the system.

We recommend that the child tax credit currently remitted to government be paid into a fund that will be used to enhance the child welfare system.

We recommend that the child day care credit to be remitted to government be paid into a fund managed by the Authorities for the purpose of providing appropriate additional training and support to, and respite funds for foster care providers.

"Jordan's Principle"
We recommend that the child welfare system adopt Jordan's Principle of Children First, to ensure the provision of uninterrupted services to children while awaiting resolution of jurisdictional funding disputes.

Transparency in Funding
We recommend that the government services available to the General Authority and its government agencies be fully costed to ensure that funding is equitable. We also recommend that the government agencies be costed and included in the allocation of resources to the General Authority to ensure transparency of funding among the Authorities and that the General Authority have the same funding responsibilities for its agencies as the other Authorities have.

Development of new agencies (Animikii)
We recommend that Animikii be reviewed to determine the level of funding appropriate to allow it to operate with a management structure that does not require that funding for workers be reduced.

We recommend that a study be undertaken to determine whether any of the children in the care of this agency have case files open in another jurisdiction from which funding could be obtained.

X Human Resources

Training and Orientation
We recommend that a system wide approach to training be implemented that ensures that workers receive the basic training that they need before being assigned to case work.

We recommend when a new worker begins employment they should shadow a more senior worker until completing an orientation program.

We recommend that completion of training be a condition of passing a probation period.

Mentoring
We recommend that a mentorship program should be established to allow workers to gain field experience while receiving advice and guidance from a social worker with experience in the child welfare field.

Findings and Conclusions
We recommend that the government allocate $1,250,000 immediately to be annualized in 2007/08 and thereafter at $5,000,000 million plus necessary increases for price and volume for workload reduction purposes.

We recommend that this funding be used to hire administrative support staff to relieve the front line workers and supervisors of administrative functions, to hire case aides to assist workers in providing non social work services to children and families, including home makers and hiring additional workers where the need is greatest in the system.

We recommend that access to a program similar to the government Employee Assistance Program be made available for all agency staff and training for the development of peer support programs be made available.

We recommend the infusion of workers to the system to provide supportive and preventative services as described in the section of this report on differential response.

XIV APPENDICES

Best Practice In Child Welfare
Child and Family Services Agency Input Listing
Listing of Communities the Review Team Visited
Offices / Individuals Who Provided Information to the External Review
The Child and Family Services Act, Subsection 4(1), Duties of director
The Child and Family Services Act, Subsection 7(1), Duties of agencies
Child Welfare System Organization Chart
The Child and Family Services Act, Subsection 2(1), Best interests
The Child and Family Services Act, Subsection 17(2), Illustrations of child in need
The Child and Family Services Authorities Regulation, Part 3, Powers and Duties of Authorities and the Director under *The Child and Family Services Act*; and Part 4, Powers and Duties of Authorities and the Director under *The Adoption Act*
The Child and Family Services Authorities Act, Preamble
The Child and Family Services Authorities Act, Section 19, Duties of an authority
Revised Draft Outline for Standards Manual
Agency Interface with Designated Intake Agencies
Funding

BEST PRACTICE IN CHILD WELFARE:

Definition, Application and the Context of Child Welfare in Manitoba

By A. Wright

A Review Submitted to the Manitoba Ombudsman

June, 2006

BEST PRACTICE IN CHILD WELFARE

INTRODUCTION

This document provides an overview of issues related to "Best Practice" (BP) in child welfare. As part of the review of the literature, the discussion begins with a brief overview of the child welfare system in Manitoba including a review of legislation highlighting key elements. The definition of BP follows with the identification of studies that have examined BP in a variety of contexts predominantly in the child welfare field, and includes an examination of BP as related to Aboriginal child welfare. Because BP should be incorporated as a systemic approach to child welfare planning, provision and evaluation some of the discussion focuses on methods to implement BP on an organizational level. The paper continues with a summary review of key elements of direct practice to ensure BP is integrated into all aspects of the service experience.

SETTING THE CONTEXT: CHILD WELFARE IN MANITOBA

"Child welfare" includes a variety of support and protection services for children and their families as legislated in the Manitoba Child and Family Services Act (1985, as amended), the Adoption Act (1997, as amended) and more recently the Child and Family Services Authorities Act (2002). "Child protection" is generally a more narrow term used to refer to policies and practices related to instances where maltreatment (abuse and neglect) are identified as a concern.

The 2004-2005 Manitoba Family Services and Housing Annual Report states that the Child and Family Services Division of the Department of Family Services and Housing administers The Child and Family Services Act, The Child and Family Services Authorities Act, The Adoption Act, and The Intercountry Adoption (Hague Convention) Act. The Child Protection Branch has several responsibilities which include:

- Establishes a relationship with each Authority to ensure compliance with The Child and Family Services Act, The Child and Family Services Authorities Act and The Adoption Act.

- Establishes provincial standards for service delivery and monitors Authority compliance.
- Promotes high-quality services delivered by child and family services agencies through consultation, training, research and evaluation.
- Provides a range of competency-based training modules for child welfare professionals including caseworkers, supervisors/managers, child and youth care workers, and foster parents.

(Government of Manitoba, 2005, p. 83)

Mandated child welfare services are provided by a mixed service delivery system, comprised of private child and family service agencies (including Aboriginal and non-Aboriginal agencies), provincial government regional offices and one health care centre. Four "Authorities" direct and mandate a total of 22 child and family service agencies: The General Child and Family Services Authority (non-Aboriginal) (nine service providers, five government offices, three private non-profit agencies, and one health centre), the Métis Child and Family Services Authority (one agency), the First Nations of Northern Manitoba Child and Family Services Authority (five agencies), and the First Nations of Southern Manitoba Child and Family Services Authority (seven agencies). Each child and family services agency falls under a specific Authority.

The child welfare system exists within the federal, provincial and territorial jurisdictional divisions (for a thorough review of federal, provincial/territorial jurisdiction please refer to the document "Child Welfare in Canada 2000", 2002). The term Aboriginal includes "the Indian, Métis and Inuit people" (Constitution Act, 1982, Part II.35.2). Section 91(24) of the Constitution Act (1867) identifies "Indians and lands reserved for Indians" as under the federal legislative authority. Section 92 gives the provinces responsibility for "hospitals, asylums and charities", considered to include social services such as child welfare. As well, Section 88 of the Indian Act (1985) states that "all laws of general application from time to time in force in any province are applicable to and in respect of Indians in the province, except to the extent that those laws are inconsistent with this Act". As a result provincial laws can be considered to have authority unless otherwise specified in the Act. Since child welfare services were not specified in the Constitution Act of 1867 they are considered to fall under provincial jurisdiction. Services offered on reserve are funded by the federal government, although under provincial legislation. There is no national legislation governing First Nations child welfare services in Canada. As stated by Taylor-Henley and Hudson

(1992), FNCFS agencies operate under a "delegated model" of service delivery (p. 14) in which agencies are authorized by the province to provide delegated services and abide by provincial laws. The province retains the "ultimate authority" (Taylor-Henley & Hudson, 1992, p. 15).

Indian and Northern Affairs Canada (INAC) funds on reserve FNCFS agencies (McKenzie, Seidl and Bone, 1995, see McDonald and Ladd, 2000 for a thorough review of FNCFS agency funding issues and more recently the FNCSC, 2005). INAC's objective is to provide access to "culturally sensitive child and family service in their communities, and to ensure that the services provided to First Nations children and their families on-reserve are comparable to those available to other provincial residents" (INAC, 2004). However funding problems remain an issue. For example, the Joint National Policy Review found that funding of FNCFS agencies was as much as 22% lower (per child) than provincial funding (McDonald and Ladd, 2000) and there was insufficient funding for support and protection services. Researchers argue that DIAND's funding must be more flexible and support preventative approaches (Kufeldt, Este, McKenzie, and Wharf, 2003, Shangreaux, 2004)).

A key principle in the Child and Family Services Act's (1985) Declaration of Principles emphasizes that "the best interests of children are a fundamental responsibility of society". The Principles also list that that parents have the "primary responsibility" to care for their children; the family unit is the best place to raise children and should be "supported and preserved". In addition the fourth principle states that families and children "have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society". The principles also acknowledge the importance of culture and an Indian Band's unique status in service provision. The CFS Act (1985) states that the child's best interests should be given "paramount consideration... in all proceedings under this Act affecting a child, other than proceedings to determine whether a child is in need of protection". The child's "cultural, linguistic, racial and religious heritage" is listed as a relevant matter in determining the child best interests.

Front-line service providers implement child welfare policies through practice. This can be a difficult task which can result in variation in the interpretation and implementation of these policies. For example, The CFS Act mandates social workers to act in the "best interests" of the children and families however there is little support in the implementation of the policy

when the best interests of the child appear to be in conflict with the parent(s)' standard of, or ability to provide care to the child.

The law tries to balance the needs of protecting children from harm and the rights of parents to privacy and to procedures and mechanisms which protect them for unjustified allegations (Sarage, 1998; Askeland, 1996; Hill and Aldgate, 1996; Tisdall, 1996). While legal thresholds exist delineating when is it acceptable for the privacy of the family to have their rights invaded and when familial rights to privacy subvert children's rights to protection from harm, they nevertheless require interpretation. The Child and Family Services Act (1985) attempts to locate a balance between meeting needs of children and protecting the family from state intervention. Nevertheless tensions exist between rights of the individual children to protection from harm and the promotion of their family as the best environment in which children should be raised (Saraga, 1998: 144). Workers struggle with finding a balance between between the state's right to intervene in a family, the parents' rights to determine their child's needs and children's right to self-determination. The value that the best place for children is with their family remains a base to legal acts pertaining to the child (Hill and Aldgate, 1996; Gough, 1993) and is evident in legal decisions regarding the care and custody of children (Connor, 2003).

The relationship between the state, parents and children can be described as 'paternalist', 'parentalist' or 'liberationist' (Harding, 1996; Hill, Murray and Tisdall, 1998: 92). From a paternalist perspective, the focus of rights is on 'parens patriae', the state's right to intervene in the family in order to protect children, while from a parentalist standpoint, the position is that parents are generally in the best position to determine and meet their child's best interests. From a liberationist perspective, the focus is on the child's wishes, and raises children's rights to self-determination to the same level as adults' (Harding, 1996). Within this relationship parents and society are responsible to "provide for and protect children's rights" (Hill, Murray and Tisdall, 1998: 92). Intrusive state intervention is considered necessary when a child is being harmed, at risk of being harmed, may be of harm to herself/himself or others, or the care of the child is below a minimal standard. However these situations can be difficult to assess and may reflect overlapping interests.

In terms of the service mandate, Part II allows for the provision of early intervention and support services to families. The word "may" is used throughout Part II of the Act which is

interpreted to mean that service provision in Part II is discretionary and permissive. In contrast, Part III outlines child protection services and the word "shall" is used throughout. In this case "shall" is considered a duty and nondiscretionary. As a result, agencies are required to provide child protection services in Part III. Front-line workers, as the direct practice representatives of child welfare organizations, experience tension between the prevention and protection role of the social worker, based on the prevention, support and the protection legislative categories (Lovell and Thompson, 1995).

The Child and Family Services Authorities Act, 2002 is based on the belief that culture is paramount to children, youth and their families in Manitoba. Two statements in the Act's preamble outline this belief:

> WHEREAS the development and delivery of programs and services to First Nations, Metis and other Aboriginal people must respect their values, beliefs, customs and traditional communities and recognize the traditional role of women in making decisions affecting family and community;
>
> WHEREAS it is important to recognize peoples' needs and preferences in all aspects of the management and delivery of child and family services, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors;

Section 19 of the Authorities Act states that authorities must:

> (c) ensure that culturally appropriate standards for services, practices and procedures are developed;
> (d) ensure that the standards developed under clause (c) are consistent with provincial standards, objectives and priorities;
> (e) ensure that the agencies it has mandated under Part I of *The Child and Family Services Act* provide services and follow the practices and procedures in accordance with the standards referred to in clause (c); (*The Child and Family Services Authorities Act,* Bill 35, 2002).

In Manitoba, provincial standards are set by the department of Family Services and Housing, and more recently, the responsibility for the development of standards is shared with the three Authorities. Current provincial standards reflect a "minimum standard" of practice

(Government of Manitoba, 2005). Section 24 or the Authorities Act (2002) states that the Minister has the responsibility to establish and monitor policies and standards although Section 16 of the Regulations states that the authorities share in the development of standards and have a duty to ensure that "agencies are providing and following standards" (regulations, Section 16, 2003, and 44 related to adoption) and the Director "ceases to have that duty". The Authorities also have the power to issue directives to the agencies (which the Director ceases to have, regulations Section 28, 2003). Regulations Section 30(1) and 30(2) give the Authorities the power to ensure agencies carry out their duties in accordance to standards and directives.

International policy also influences Canadian child welfare. The United Nations Convention on the Rights of the Child (the Convention) was ratified by the Canadian government in 1991 and reflects a recognition of children's rights separate from parental rights. The Convention has three key principles: anti-discrimination guarantees made by the convention (Article 2), primary consideration of the child's best interests in decisions affecting them (Article 3), and the views of the child taken into account in all matters affecting him/her (Article 12). This document emphasizes the protection of children, as well as the provision of services to meet their needs. In addition, the Convention advocates for the participation of children in decisions affecting them (Hill, Murray and Tisdall, 1998). The importance of culture in a child's life features predominantly in the Convention and as a result Canada ascribes to supporting a "...child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development" (United Nations, 1989).

The importance of cultural identity as a fundamental aspect of human development has been highlighted again by the United Nations (2004). The UN argues that governments must support the role of cultural identity and cultural liberty in human development:

> Human development requires more than health, education, a decent standard of living and political freedom. People's cultural identities must be recognized and accommodated by the state, and people must be free to express these identities without being discriminated against in other aspects of their lives. In short: cultural liberty is a human right and an important aspect of human development—and thus worthy of state action and attention. (p. 6)

DEFINING 'BEST PRACTICES'

The concept of Best Practice (BP) in child welfare should be examined within the context of the child welfare system as a whole. Individual, group and community work with children, youth, families and communities occurs in the broader socio-political-economic context. Subsumed in the broader context is the cultural context of families and communities. In addition, child welfare services, from protection to support, are provided within the context of organizations. As a result, all parts of the organization are related to the provision of services to children, families and communities. The larger system impacts directly and indirectly on service delivery policies and procedures and ultimately, the people they serve (Glazer, 1998, Rosenthal, 2006).

Best Practice can be defined as "the measurement, benchmarking, and identification of processes that result in better outcomes" (Kramer and Glazer, 2001). A variety of terms are used to describe 'Best Practice' (BP) in child welfare. For example the terms 'standards', 'quality', 'evidence-based' (EB) practice (Corcoran and Vandiver, 2006) and 'outcome-based' (OB) practice are frequently used to describe BP. Essentially, BP refers to the achievement of excellence in organizational service planning, delivery, and evaluation. In essence, standards, service quality, EB practice and OB practice are methods and approaches used to achieve BP in child welfare. "Best Practices" can be applied to all parts of social service organizations from governance, service planning, staff resourcing, service delivery, and evaluation (Mullen and Streiner, 2006).

The Child Welfare League of America's Standards of Excellence for child welfare services are considered to reflect a BP approach as they include practices which are:

> '...most desirable in providing services and are considered goals for service improvement. These standards are applicable to all aspects of an organization: planning, organizing, and administering service; in establishing state and local licensing requirements; and in determining the requirements for accreditation. Standards provide content for teaching and training child welfare and other related fields, in in-service training and staff development programs, and in the orientation of boards and volunteers. They can help to explain and justify expenditures and budget

> requests to fundraising bodies, and appropriations requests to legislatures.' (CWLA, 1996-2005, p. 1)

Best Practice' also stems from administration/management approaches to overall organizational excellence which ultimately address the quality of services. Terms such as "Total Quality Management", "Quality Management", "Continuous Learning" and "Continuous Quality Improvement" refer to organizations in which all staff have an active role in ensuring all organizational components are integrated and connected in a continuous learning environment (Cherin and Meezan, 1998, Rapp and Poertner, 1992, Senge, 1990). In these organizations, all programs, including service delivery are linked to the organization's strategic plan and reflect the organization's mission/value statements. Service evaluation is built into all organizational functions. Approaches such as "continuous quality improvement" (CQI) reflect this approach to BP. CQI can be defined as:

> ...the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. (CFP and NCWRC, 2005, p. 1)

As such, CQI employs an evidence-based approach to all aspects of the organization in which BP knowledge, based on evidence, is disseminated and implemented in a continuous process. For example, the Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, advocate for the implementation of CQI in child welfare agencies in order to achieve BP. This results in a culture of organizational learning which is ongoing and all aspects of organization are considered to be inter-related, striving "to improve outcomes for children, youth and families" (p.4). It is important to note that CQI is aimed at promoting best practice across all organizational levels and considers BP to be an outcome of an organization-wide implementation of a CQI system. The authors identify six component areas (each with subcomponents) necessary to develop a CQI system. The key components are:

1) The organizational culture supports and actively promotes CQI;
2) The agency adopts specific outcomes, indicators, and practice standards that are grounded in the agency's values and principles;

3) Agency leaders, staff, children, youth, families, and stakeholders receive training in the specific skills and abilities needed to participate actively in CQI;
4) Agencies collect qualitative and quantitative data and information from and about children, youth, families, and staff.
5) Staff, children, youth , families, and stakeholders review, analyze, and interpret qualitative and quantitative data to inform agency practices, policies, and programs.
6) Agencies use CQI results to improve policies, practices, and programs. (p. 7)

The use of CQI includes the identification of best practices based on the analyses and the prioritization of BP for implementation (p. 7).

A local example of a BP model is the Winnipeg Boys and Girls Clubs using 'The Coalition's 20 Best Practices model' (Winnipeg Boys and Girls Clubs, Inc., 2004). The Coalition is a network of youth agencies in Winnipeg and based their model on reports from WBGC in North America, based on collected research findings. There are limitations to this model (i.e. culture reference, remuneration, workload). Some BP models use 'program logic models' (PLM) to sequence and detail organizational responsibilities and functions. These include 'inputs', 'activities', 'outputs' and 'outcomes'. Using the WBGC's BP model as an example, the resources to be used for specific activities are specified and the outcomes that should result from the resources are identified.

Evidence-based (EB) social work has its origins in the 1970s with advocates arguing that the interventions provided should be based on the best available evidence (for a thorough review of EB practice please refer to Roberts and Yeager, 2006; and McAuley, Pecora, and Rose, 2006). EB practice is "a way of doing practice which involves an individualized, thoughtful process of using evidence to make collaborative decisions with actual or potential services users" (Mullen and Streiner, 2006, p. 24). EB can be defined as practices "... that have empirical research supporting their efficacy" (California Evidence-Based Clearinghouse, 2006). EB practice encompasses broader organizational issues such as governance, administration, management and policy (Mullen and Streiner, 2006) and is based on the premise that all aspects of the service delivery system should be organized and provided based on research that provides evidence of effectiveness (Wilson, 2006). EB in child welfare is the combination of three elements:

- Best research evidence
- Best clinical experience
- Consistent with family/client values

(California Evidence-Based Clearinghouse, 2006)

McAuley, Pecora, and Rose (2006) highlight various challenges facing the development of EB practice. They note that there is limited and inconclusive information on the effectiveness of child welfare interventions. The authors identify a need for rigour in evaluations, greater research on effectiveness, more longitudinal evaluation. In a review of successful interventions used with families with child neglect issues, DePanfilis (2006) found that cognitive-behavioural therapy and social support systems proved to be the most effective.

Similarly, the term 'outcomes-based practice' is a means to identify effectiveness of interventions based on research/evaluation (Trocmé, 2003). The focus of outcomes-based research is outcomes, as opposed to processes, and outcomes are identified via indicators or measures considered to reflect successful dimensions of child and family services (Kufeldt & Thérieault, 1995). This shift to an outcomes-based focus is due to past limitations that emphasized responding to needs with insufficient focus on the effectiveness of services in addressing the needs (Trocmé, 2003). Trocmé (2003) presents the rationale for outcomes measurement and the four areas as a means to define child welfare outcomes. He highlights the need to differentiate between different users of outcome measurement (i.e. front-line workers, administrators, researchers) and different uses of outcomes measurement: clinical tools, management tools, and more complex research designs. The COCW project developed an outcomes strategy to distinguish between clinicians and administrators. Client measures based on workers assessments and systems indicators which focus on the service user and the service system (p. 8). The author argues that proxy measure can be used to reflect outcomes and that data from both clinical and administrative measures can be integrated (ultimately with research outcome measures) to meet both front-line and management needs. Trocmé et al. (2000) developed the "Child Welfare Outcome Indicator Matrix", a tool used to measure child welfare outcomes in four areas:

- Child safety: recurrence of maltreatment; serious injuries/deaths
- Child well-being: school performance; child behaviour

- Permanence: placement rate; moves in care; time to achieving permanent placement
- Family and community support: family moves; parenting capacity; ethno-cultural placement matching

Other outcomes or indicators for best practices could include: income and social status, social support networks, education, employment and working conditions, social and physical environments, early childhood development, culture, health services, biology and genetic endowments, gender, personal health practices, individual capacity and coping skills, and health and social services (Health Canada, 1999). Caution is advised in implementing an outcome-based approach to the exclusion of process evaluations/research. Ideally processes should reflect standards and procedures deemed necessary to attain favorable outcomes.

'Best Practice' is an integral piece of structural/systemic change planned for Ontario's child welfare system. A recent report from the Ministry of Children and Youth Services in Ontario entitled "Child Welfare Transformation 2005: A Strategic Plan for a Flexible, Sustainable and Outcome Oriented Service Delivery Model" (2005), identifies seven priority areas for child welfare transformation based on an earlier evaluation of the child welfare system. These priority areas are divided into three stages of the delivery system and four service and policy planning issues. Key points have been bulleted:

1. A more flexible intake and assessment model
- Reference to the use of alternative approaches used to engage with families such as 'family conferencing, talking circles' in Aboriginal communities
2. A court processes strategy to reduce delays and encourage alternatives to court
- Reference to the special 'needs and circumstances' of FN communities and need to 'be flexible to accommodate traditional practices'
- Development and dissemination, and exchange of best practices information related to strategic case planning, alternatives to court too
3. A broader range of placement options to support more effective permanency planning
- Enhancing supports available to families, use of kinship care, customary care (the traditional practice o child rearing and care within which all members of the family, extended family, relatives, and community are involved, p. 14), legal custody, family foster care, adoption and youth leaving care

- Ministry supports a guide to BP to prepare youth for independence

4. A rationalized and streamlined accountability framework

- Maintain province-wide standards but have a more streamlined and rationalized accountability relationship with the Ministry
- This plan will become the key operational planning document that identifies the agency's service delivery model, how resources are used to support the model (over a three year period), and is linked to strategic plans.

5. A sustainable and strategic child welfare funding model

- Agency core funding (Block 1): will fund approx. 90% of CAS' expenditures
- Funding reflects unique characteristics and service models of CAS: i.e. travel costs for agencies serving large areas; Block 4 allows for northern remoteness factors or French language services

6. A single information system
7. A provincial child welfare research capacity. (2005, pp. 9-14)

Two of the five principles stated as guides to the transformation process, highlight an outcome focused component to program, policy, funding and legislative direction as well as the implementation of BP: "Best practice and research will help guide Ontario's child welfare transformation. A research and evaluation agenda will track key policies implemented by the ministry" (pp. 7-8). A further guiding principle recognizes "Ontario's diversity, the fact that one size will not fit all, and that solutions must be sustainable, flexible and equitable" (pp. 7-8). Of note, there is an emphasis on ends as opposed to means as the guiding principles state that "Government and governance structures and process will focus on ends, not means. Better child welfare outcomes will be encouraged through integrated efforts within and between sectors" (pp. 7-8). This could result in an over-emphasis on outcomes to the detriment of process issues.

Federal and provincial governments are also implementing approaches to ensure standards of service quality. For example, in a series of government sponsored research ("Citizens First"), findings identified that satisfaction of service quality in the public sector was determined by five factors: 1) Timeliness in service provision/receipt; 2) Knowledge and competence of staff; 3) Courtesy or going the extra mile; 4) Fair treatment; and 5) Successful outcome (Erin Research, 1998). "Citizens First 3" (Spears, Seydegart, and Schmidt, 2003) evaluates the

"citizen-centred" approach to service delivery in the government sectors and links service quality to service user confidence in democratic institutions.

Tools such as "Matching Needs and Services" (MNS) can help organizations identify, plan, provide and evaluate services based on assessed community needs and includes community perspectives (Melamid and Brodbar, 2003). BP can also incorporate community approaches to child welfare (see for example Wharf, 2002) and social support programmes (Cameron and Vanderwoerd, 1997).

There is a growing support for evidence-based/outcome-based practice from clinical, administrative and funding bodies however concerns regarding their misuse exist. These concerns are based on fears that some evaluations may exclude certain services or processes, or overlook important work due to a specific stakeholder's interest (i.e. targeted funding). As a result evaluations can be skewed to support outcomes that are likely to be funded. As well, funders (usually provincial governments and in the case of Aboriginal agencies, the federal government) can be concerned that evaluations result in greater demands for resources (Trocmé, 2003).

In their examination of "good practice" in child welfare the CASW identified key organizational factors considered necessary to enhance good practice:

- Increased service to meet the needs of children and families
- Reduced caseload size
- More fiscal resources to meet the legislated mandate
- Employer acknowledgment of challenges/complexities of child welfare work
- Visible supports for good practice
- Comprehensive, job-specific training by employer for all new staff
- Ongoing opportunities for professional development provided/enabled by employer
- A shared view of child protection that enables everyone to work together
- Accessible clinical supervision
- Appropriate workloads
- Management decision based on social work ethics
- Adequate, appropriate and accessible resources
- A flexible and creative service system
- A positive, supportive and encouraging work environment

- Competent and qualified staff: social work specialization in child protection, job training and continuing education, good practice
- Sense of pride in their work, positive public profile (CASW, 2003, p. 715)

In sum, all aspects of the organization should reflect a BP lens. Organizational components include:

Organizational Administration:

- Governance and Management
  - Board etc. (diversity, skills, appointed, elected)
  - Funding/Financial
  - Accountability[1]
  - Strategic planning/future directions/change/development component
  - Leadership

Human Resources

- Internal communication
- General staff policies (classifications, recruitment, hiring, termination, expenses, remuneration, leave, sexual harassment etc.)
- Operating policies (based on law, directives, standards)
- Recruitment process (diversity)
- Orientation (handbook?)
- Training and professional development (culturally appropriate)
- Retention/turnover
- Remuneration (pay and benefits)
- Employee evaluations
  - Supervision/accountability
  - Annual evaluation

Program Administration

- Planning
- Design
- Delivery
  - Risk assessment

- Accessibility: physical (i.e. wheelchair access), after working hours, safety, transportation, child care
- Evaluation

Workload

- Case intensity (acute crisis/ongoing/no service)
- Travel requirements
- CIC/family services
- Monitoring and support

Community Relations

- Service user: input in planning, delivery and evaluation
- Service agencies: membership on committees, collaborative services, etc.
- PR

Information system

Best Practice and Aboriginal Child Welfare

When considering Aboriginal child welfare and a BP approach, the literature provides some direction. A common theme to BP in relation to Aboriginal people is the integration of respect for, and application of, traditional cultural practices and beliefs, with the use of evidence-based knowledge. McKenzie and Morrissette (2003) provide a framework for "respectful" social work practice with Aboriginal people while recognizing the diversity that exists within the Aboriginal peoples. Five factors form the basis of their proposed framework and are necessary to the development of this practice:

1. An understanding of the world view of Aboriginal people and how this differs from the dominant Euro-Canadian world view;
2. Recognition of the effects of the colonization process;
3. Recognition of the importance of Aboriginal identify or consciousness;
4. Appreciation for the value of cultural knowledge and tradition in promoting healing and empowerment; and
5. An understanding of the diversity of Aboriginal cultural expression (p. 258)

The importance of "holism" (the interconnection of all aspects of life and "achieving the

harmony and balance between the spiritual, physical, mental, and emotional components of one's being, (p. 272)), the importance of the natural world, the collective, and healing and empowerment are aspects of social work practice with Aboriginal people. As a means to reflect the variation in individuals' integration of and expression of Aboriginal identity, the authors describe three types of cultural expression which assist in the provision of culturally appropriate services. These categories are not rigidly fixed and an individual may reflect aspects of each. Briefly summarized, they are described as follows:

1. The Traditional: General rejection of mainstream lifestyle for Aboriginal world view/values.
2. The Aboriginal/Mainstream; Differing levels of integration of Aboriginal and Euro-Canadian world views.
3. The Non-Traditional: General rejection of Aboriginal world view/values for mainstream. (270)

The authors argue that social work practice with Aboriginal people must be empowering and attend to culture on three levels of intervention: "Intrapersonal, interpersonal, and community" (p. 273). Cultural practice includes the use of sharing circles, the role of elders, ceremonies, and the medicine wheel which integrates the emotional, mental, physical and spiritual (p. 260), although all use of cultural approaches must be respectful of the service user's needs. In addition, the authors state that cultural standards should be included in evaluations. McKenzie and Morrissette (2003) note that some Aboriginal people are not happy with the need to comply with provincial standards as they consider this in conflict with their "inherent right to self-government" (p. 257).

A world view has also been identified as a key element of Aboriginal culture (Connors and Maidman, 2001, Cross, 1998, Gosek, 2001). Cross stresses the importance of the integration of a "Relational" world view when working with Aboriginal people and other world cultures. A world view is "the collective thought process of a people or a cultural group" (Cross, 1998, p. 144). The Aboriginal world view is considered to be "relational" or "cyclical" (Cross, 1998, p. 145). From this perspective

> The balance and harmony in relationships among multiple variables, including metaphysical forces, make up the core of the thought system. Every event is in

> relation to all other events regardless of time, space, or physical existence. Health is said to exist only when things are in balance or harmony. (p. 147)

Cross presents the relational world view as a four quadrant circle which reflect the context (i.e. culture, community, family, social history, etc.), the mind, the body and the spirit. From a relational world view workers focus interventions on "bringing the person back into balance" (p. 147) with their relational world.

Gosek (2001) examined suicide among Aboriginal people from a culturally appropriate perspective and the particular application of the Medicine Wheel as a means to provide services. The author concludes that the Medicine Wheel may be appropriate for some individuals and communities, but it should not be considered to reflect all Aboriginal communities or cultures. Gosek recommends that one should

> ...return to the communities for direction on how they view the issues and how they need to address them. While there are similarities among Aboriginal communities, there are also differences in terms of culture, the needs, the strengths and the circumstances of each community. (p. 205)

The First Nations and Inuit Health Branch (FNIH) of the federal government advocates for the use of a BP approach to develop alternatives to tobacco use (non-traditional) in the document "Building Best Practices with Community" (2002). This model is build on:

> ...the traditional values of respect for others, building trust in relationships, responsibility of the individual and community, freedom of the individual, holism, kindness, compassion and humility. (2002, p. 1)

Based on the World Health Organization's work, the model promotes the accessibility of "practical, scientifically based and proven interventions..." as part of their approach to evidence-based interventions (p. 6). In addition, the FNIH argue that there must be an evaluative component to determine successes and to actively implement strategies that work through the use of participatory development (2002, p. 16).

In an attempt to ascertain what social workers require to provide "culturally competent" services, Weaver (1999) surveyed the perspectives of Native American social workers and social work students. The author found that three principle elements were identified in the area of knowledge: Diversity, history, and culture. Social workers must have an understanding that variation exists in the Native culture as well as have an understanding of the history, particularly of the effects of colonization on Native communities. As well, Weaver found that respondents believed that social workers necessitate a knowledge of culture. This includes 'communication patterns, worldviews, belief systems, and values' (p. 221). Two areas for skills emerged from the data: general skills and containment skills. Using a strengths perspective, the ability to communicate and problem solve were considered to be general skills. 'Containment' skills include "being patient" and being able to "tolerate silence, and listening" (p. 221). Finally, four value themes were identified. Respondents believed that social workers should demonstrate a "wellness and self-awareness" as well as show "humility" and openness to learning from the service user, "Respect, open-mindedness and the ability to be non-judgmental" was the third value identified. The fourth value considered to be necessary for social workers to practice culturally competent services with Aboriginal people was a belief in "social justice", which acknowledges the effects of colonization on Aboriginal people (p. 222).

The "First Nations Child and Family Caring Society of Canada" (FNCSC) has published several studies related to Aboriginal approaches to social service provision. For example, Hardisty, Martin, Murray and Ramdatt (no date) argue that the Kunuwanimano Child and Family Serivces must reverse the negative impact of colonization through the development of community strength "by respecting, practicing and teaching traditional ways passed on by Elders" and through "strengthening the family unit and focusing on the future generation" (p.2). Elders are voting members of the Board of Directors and employee recruitment from within the community is considered optimal. The agency advocates for the use of a strengths based approach incorporating culturally appropriate approaches for service delivery. Direct practice elements include "role models, parenting techniques, ceremonies, values, teachings" (p. 3), empowerment and working in partnership with the service user. This agency rejected the use of a risk assessment model on the basis that the 'standardization of human services is not possible' (p.4)..

More recently the FNCSC's publication "Wen: De We are Coming to the Light of Day" (2005) makes recommendations for policy changes due to problematic funding for FNCFS agencies in Canada (building on the recommendations of the Joint National Policy Review, MacDonald and Ladd, 2000) and its impact on service provision. The relationship between sufficient, flexible funding and BP in service provision cannot be understated (FNCFCS, 2005). A guiding principle in the study the support of "culturally based services" (p. 10) and part of the methodology included a review of BP in FNCFS agencies. Findings suggest that the provision of services to Aboriginal children is more costly than to non-Aboriginal children due to the 'significantly higher rate of intervention at every point of contact" (Trocmé et al., 2005, p. 84). The report found that just over 83% of responding FNCFS agencies' perceived that they received insufficient funds "to develop culturally based services and programs" (p. 38).

Findings also support a funding model that reflects the realities of geographical dimensions of service delivery (i.e. travel distances, time), and the current restrictive FN funding formula which is insufficient to provide services as outlined in the Act, and to enable FNCFS agencies to meet provincial standards. Funding of training programs was also identified as a necessary cost. Finally the authors advocate for the implementation of the "Jordan" principle or "Child First" principle in which the federal or provincial government pays for the identified service for the child and proceeds to a "jurisdictional dispute resolution table" in order to determine fiduciary responsibility (MacDonald and Walman, 2005, p. 107). The authors argue that jurisdictional conflict reflects a contravention to the Canadian Charter of Rights of Freedoms 15(1) which states:

> Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Recommendations also include the provision of "an adequate and sustained amount of funding for the development of a holistic and culturally based continuum of primary, secondary and tertiary prevention services..." (Loxley and Deriviere, 2005, p. 21). In order for BP to occur, this funding should be flexible, and provide infrastructure funding for Aboriginal communities as well as support collaborative approaches to service provision.

Several examples of cost-benefit programs are highlighted (from West Region Child and Family Services). For example, the "Vision Seekers" program in Skownan First Nation Community cost-benefit is calculated as ranging from " $6.2 in savings in present value terms to the WRCFS for every $1 spent" to $16.5 "when savings to other agencies are included" (Loxley and Deriviere, 2005, p.119). Loxley and Deriviere also recommend that preventative funding dollars can be "linked" to an accreditation system as an incentive in which the role of evaluation is key (p. 126). In their review of BP literature, Loxley and Deriviere note that all emphasizes "cultural practices and collaborative working relationships with communities" (p. 132). Within the same FNCSC document, Loo (2005) found that FNCFS agencies want to maintain separate Information system technology.

The role of community was identified as an important aspect of kinship care provision in a study by Wright, Hiebert-Murphy, Mirwaldt and Muswaggon (2006). The authors reported that the Awasis Agency of Northern Manitoba in the Cross Lake Band First Nation were able to provide community foster homes to all those children and youth in the community who required out-of home placement. Research participants strongly believed that kinship care ensured a bond between the child and the community:

> The community stakeholder, staff, and kinship foster parents identified a "connectedness" between the child, the caregiver, and the community. This was reflected in the emotional bond between the child and caregiver, and the child's or youth's connection to culture, language, and community. (p. 21)

Research findings support the call for services for Aboriginal people that are "provided in a way that supports their cultural identity and are culturally appropriate" (Wright, Hiebert-Murphy, and Gosek, 2005, p. 68). A study examining Aboriginal children with special needs in the care of First Nations child and family service agencies, identified that existing federal-provincial and band government jurisdictional divides resulted in a lack of responsibility for these children. The study's findings identified a need for greater, sustainable, and more flexible funding, development of the voluntary sector's provision of services to reserve communities, integrated services and culturally appropriate services (Wright, Hiebert-Murphy and Gosek, 2005). The negative impacts of colonization continue to be felt by contemporary Aboriginal communities (for a literature review of the child welfare system and Aboriginal communities please refer to Blackstock and Trocmé, 2004). An increased role for

the voluntary sector in support services has also been identified as necessary for FNCFS agencies (Nadjiwan and Blackstock, 2003).

The importance of healing the community to reverse the negative impact of colonization has been identified as a key aspect of Aboriginal child and family services (Connors and Maidman, 2001, McKenzie, 2002, Brown, Haddock, and Kovach, 2002, Timpson, 1995). Timpson argues that the high rates of First Nations children in care, suicide, domestic violence, and an overall loss of culture must be dealt with on a community level:

> These conditions reflect generations of cultural and spiritual destruction. These problems are not individual problems requiring individual approaches. They affect entire communities and require community healing and the prevention of further intergenerational damage. Native agencies face the challenge of providing services that treat underlying causes by community healing. (Timpson, 1995)

Culturally appropriate services include the use of natural helpers or healers, medicine man, spiritual teachers, the practice of fasting, using a sweat lodge (Cross, 1998), and the medicine wheel (Connors and Maidman, 2001, Longlcalws, 1994). Family-centered approaches have also been referred to as a BP approach (Loxley and Deriviere, 2005). McCroskey (2006) found that family-centered approaches to child welfare services can be effective in supporting families.

The integration of Aboriginal practices and non-Aboriginal approaches to services are not incompatible. For example Belone et al. (2002) describe culturally appropriate child welfare services based on Navajo traditions. The authors provide a visual representation of case management from a Navajo perspective. In addition, staff is expected to include "traditional healing services" with conventional services (p. 781). Traditional practices include the use of Navajo healers, rituals, language, and identity based on clan affiliation (p. 785) In terms of education, professional competence is valued and front-line workers are expected to have a university degree and managers an MSW. The spiritual themes of 'Harmony and beauty...form the basis for intervention" (p. 781). Encouragement versus the use of threats is incorporated as part of the practice model and the importance of extended family. Workers also use a risk assessment as part of their work.

BP should reflect culturally appropriate services, and culturally appropriate services should reflect BP (Kufeldt, Este, McKenzie, and Wharf, 2003). For example, based on responses from elders, child and family committee members, chief, band councilors, staff, parents, foster parents and youth in a First Nations child welfare McKenzie, Seidl and Bone (1995) found that culturally appropriate standards of practice for Aboriginal child welfare are similar to "conventional standards of good child welfare practice" (p. 63). Using the best interests of a child as an example, the authors purport that "emotional care, guidance, and physical care...are likely to be generally acceptable in most communities" (p. 63). They caution however that differences in standards based on cultural traditions exist, particularly the Aboriginal emphasis on respect, extended family, custom adoption and concern for community.

In Ontario, there are current amendments to the Ontario Child and Family Services Act (Bill 210) which are to reflect BP guidelines for Aboriginal child welfare (Borg, 2006, personal correspondence). Other approaches such as customary care are also implemented by First Nation agencies in Ontario.

Among many recommendations, the Aboriginal Justice Inquiry Report advocated for increased funding for Aboriginal agencies to ensure the provision of protection and preventive services:

> Aboriginal and non-Aboriginal child and family service agencies be provided with sufficient resources to enable them to provide the communities they serve with the full range of direct service and preventive programs mandated by the Child and Family Services Act. (Hamilton and Sinclair, 1992)

This recommendation echoes findings by other reviews (Sigurdson and Reid, 1987, Giesbrecht, 1992).

Gross (1995) cautions about overgeneralizing Aboriginal culture at the risk of missing individual needs. Similarly McKenzie and Morrissette (2003) caution regarding the generalized application of Aboriginal practices to Aboriginal people as there is great variation within this populace.

In New Zealand, a social justice community agency called the "Family Centre" provides services in social policy research, family therapy, community development, and education and teaching. The organizational structure is based on "... a three tikanga (cultural) organisational structure of Maori, Pacific Island and Pakeha (European) sections" (Family Centre, 2006). Research contributes to an evidence based approach and influences policy decisions in New Zealand. Their "Just Therapy" program is based on a "commitment to the eradication of racism, sexism and poverty" through a recognition of the service user's macro environment, the "broad context of cultural, gender, social, spiritual, economic and psychological factors underlying the problems experienced by those with whom our therapists work" (Family Centre, 2006).

Some Aboriginal treatment programs have been using culturally appropriate practices. For example, the Alkali Lake program (BC), Poundmaker's Lodge (Alberta), Hollow Water (Manitoba). In Winnipeg, the Ma Mawi Wi Chi Itata Centre is committed to providing culturally relevant services to Aboriginal families.

Best Practice and Direct Service

Some studies focus BP predominantly on the social worker – service user relationship. For example, Callahan et al. (1997) define best practice as variable, depending on the context in which it occurs, however it is a practice 'that is deemed by all participants to be superior, innovative and effective' (Appendices, 1998/1997, p. 1). The authors describe BP as a process in which a genuine relationship exists between service users and social worker in which both share their efforts to make real change. Findings from service users', workers' and supervisors' viewpoints on successful practices in child welfare identified six elements of best practice:

1. Setting the tone: respect, strengths and honesty;
2. Remaining curious and deepening knowledge
3. Navigating through fear
4. Attachments with a purpose
5. Understanding the limits of control and
6. Building resources with clients and community (Callahan et al., 1998, p. iii-iv)

The study showed that best practice results in positive outcomes for families and workers. In the first phase of the study the researchers identified nine common elements of best practice, based on a review of the literature and some agency input. These are:

1. Client oriented practice
2. Culturally sensitive services
3. Services that are comprehensive, accessible, responsive, flexible and adaptive to community needs
4. Mission oriented
5. Emphasis on staff
6. Values, skills, philosophy of workers that are oriented to continually improving practice
7. Leadership and structural support
8. Demonstrated outcomes
9. Cross-sectoral services (Callahan et al., 1998, p. Appendices, p.1-5)

Callahan et al. (1998) recommend that 'child welfare organizations should model themselves on the principles of best practice emanating from their workers best efforts with clients' (viii). They suggest changes to improve 'practice and organizational functioning' (p. ix):

1. Taking a stance on relationship s and strengths (among recommendations include adequate salaries, education, training, policy making opportunities, adequate time to do good work and supervision)
2. Learning about child welfare
3. Acknowledging fear and the realities of child protection
4. Redesigning work
5. Shared management
6. Community involvement that counts (pp. ix-xii).

Although half of the parents involved were Aboriginal, the authors recommend that future research should involve greater numbers of First Nations people and youth.

Another Canadian study examined 'good practice' and the work experiences of child welfare staff through the use of surveys and focus groups (CASW, 2003). The survey consisted of front-line social workers ($n = 983$) asked to identify factors that are supportive of good

practice, factors that enhance good practice as well as define good practice. The study also probed managers', supervisors' and front-line workers' experiences of good practice through focus groups ($n = 30$). Focus groups include urban/rural representation as well as First Nation social workers. The project defined good practice as: "What we know through research and experience to be most beneficial in optimizing the life changes of vulnerable children and families" (p. 9). Based on results, the definition was expanded to include:

> Good practice in child welfare is about creating the capacity and conditions for positive change within families so that children can maximize their potential within stable and safe environments. Good practice must be based on strong, personal commitment to serve children and families and dedication to positive outcomes. Good practice implies the creative use of resources to support each family's plan for their children. (CASW, 2003, p. 9)

Good practice included the respect for cultural diversity, engaging with families and communities and focusing on strengths. Factors considered impediments to good practice were also identified. They include:

- Caseload size which prevents individualized, relationship-based work with clients
- Practice decisions that are based on fiscal economizing
- General resource limitation in the service delivery system
- Lack of recognition for good practice: child protection social workers feel vulnerable, fear liability and lack confidence in the employer's support should a crisis occur
- Training does not support good practice: often inadequate and badly timed
- Failure to implement recommendations from previous reports/projects undertaken at the behest of the agency
- Limited ability to increase pay/status and remain a front-line service provider
- Lack of supervisory expertise that can result in poor supervision
- Lack of relationship-based work and continuity of service due to workload, vacancies, staff turnover
- Limited ability to do evidence-based social work practice (pp. 11-14)

In order to measure front-line workers performance of good practice indicators of good practice include:

- Personal and professional satisfaction

- Adherence to a professional Code of Ethics, and Standards
- Focus on serving children and families
- Broader professional role understood and supported
- Personal and professional development
- Employee wellness
- Accountability (p. 11)

When participants were asked what alternative practice methods could be used to enhance good practice, solutions identified included the use of:

- Resiliency models
- Structural social work
- Community based practice
- Group work
- Family preservation and reunification work
- Traditional healing/cultural practice
- Mediation
- Family group conferencing (p. 12)

The study also engaged with the National Youth in Care Network (NYICN) regarding their perspectives on social workers within the system and advocated for relationship-based work.

Inadequate training of CFS personnel has been identified previous reviews (Ryant, 1975, Kimelman,1985, Sigurdson and Reid, 1987, and Connor, 2003). A study by Anderson and Gobeil examined recruitment and retention issues in child welfare in Canada (2002) based on child welfare league of Canada members' responses. The authors found that high turnover rates (particularly in the first two years of employment), difficulty in recruitment (includes issues such as recruits' qualifications, the draw to urban centres, remuneration), problematic vacancy rates and inadequate training proved to be obstacles in recruitment and retention of workers. In terms of the work environment, recommendations included: increase training (supervisory and staff), the promotion of the agency's mission and values, increase morale and effectiveness through agency-specific strategies, reassess 'goodness of fit' between employees and their jobs on a regular basis (p. 16). Recommendations related to work conditions include: "encourage flexible working conditions, review size and complexity of caseloads, revisit time spent on administrative duties, and address worker safety" issues (p.

18). The authors also made recommendations related to salary and benefits. These include the identification of "salary increases as a priority in agencies where they fall short of the marketplace norms, taking into account workload, experience and living conditions" (p. 19).

CASELOAD/WORKLOAD AND BP

Problems associated with high caseloads and workloads and their impact on the ability to provide BP has been identified in the reviewed literature as well as provincial child welfare reviews (Sigurdson and Reid, 1987, Reid and Sigurdson, 1987, Connor, 2003, Giesbrecht, 1992, Kimmelman, 1985). High caseloads and workloads can be even more problematic for those working in rural areas. Evidence provided to Connor (2003) suggests this issue was avoided when program standards in Manitoba were developed in the 1980s. A caseload can be defined as "the amount of time workers devote to direct contacts with clients" whereas a workload is defined as "the amount of time require to perform a specific task" resulting in work units. Workload takes into consideration all work related tasks and responsibilities and the Child Welfare League of America argues workload levels should be based on time studies within individual agencies. As a result, issues such as travel, outreach activities, court time, emergencies, supervision, consultations, community work, staff meetings, development, conferences, case management, reading of pertinent case documents, contacts, documentation and recordings, all should be considered when determining workload. The CWLA bases its caseload estimates on what is possible in order to do BP: "These ratios of client to staff members offer guidance based upon the field's consensus of what constitutes best practice" (CWLA, 1996-2005). The CWLA provides guidelines for computing caseload standards based on key principles:

- Workers must be able to spend quality time with service user face-to-face contacts
- There is no one absolute size: "computing caseloads is an inexact science" (p. 1), but err on the side of caution, lower numbers
- Any formula used should result in caseloads equal to or less than the maximum recommended
- Total workdays (vacation, sick leave, holidays, training deducted from # of calendar workdays)
- Caseloads: can be expressed as cases per month or cases on any given work day

- For investigative workers in child protection, recommended caseload is 12 active cases per month (does not mean 12 cases at any point in time, but 12 over the 30 day period)
- Caseloads should be computed separately for each worker category: i.e. don't include staff in the worker count if they don't perform the specific functions of the category (otherwise misleading caseload count)
- Case transfers and changes in status should accrue to the worker, not the case. I.e. Many workers may deal with a family over a given period. When cases transfer from one worker to another within a period, they should be counted on each worker's caseload (just because a single case doesn't negate the need to count it as part of each worker's caseload)

Service/Caseload Type	**CWLA Recommended Caseload/ Workload**
Initial Assessment/ Investigation	12 active cases per month, per 1 social worker
Ongoing Cases	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases
Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers
Foster Family Care	12-15 children per 1 social worker
Supervision	1 supervisor per 5 social workers

CWLA, 2005

DIRECT SERVICE PROVISION AND BEST PRACTICE

When applying BP on a direct service level, BP should be integrated into basic elements of child welfare practice, within the framework of an ecological approach (Bronfenbrenner, 1977). An ecological approach to child welfare practice emphasizes the relationship between the service user, his/her family, community and larger society and how a person adapts to, and interacts with, his/her environment (Bronfenbrenner, 1977; Maidman, 1984; Compton and Galaway, 1989). The focus of child welfare practice is situating the person in her/his

environment and working in partnership (whenever possible) to arrive at goals for change. This perspective incorporates an anti-oppressive perspective as well which recognizes the impact of structural oppression confronting families (Mullaly, 2002). "Social institutions, policies, laws, and economic and political systems" must be challenged and changed to work against the oppressive forces that include sexism, racism, poverty, ableism, and heterosexism (Mullaly, 2002, p.193). The confronting issues a person faces can be due to psychological or social issues, or a combination of both. An ecological approach to working in child welfare integrates individual, familial, environmental and cultural factors as important contributors to child maltreatment.

From an administrative perspective, an ecological approach requires that the organization view a service user within the context of a family, community and larger society (Lovell and Thompson, 1995). Culture plays an important role. As a result, organizational programmes provided to families should reflect the complexity of these contexts' issues and needs, whether on individual, community, or societal levels. Practice on a community level should recognize and acknowledge the context of the community within the broader environment.

For those staff working directly with service users, there are at least five stages to child welfare practice when working directly with a family: 1) intake and investigation, 2) assessment (including risk assessment), 3) service provision, 4) evaluation, and 5) closure (or continue with services as assessed). These stages are not rigidly distinct, for example, assessment occurs from the opening of a case to the closing of a case (Compton and Galaway, 1989). Similarly, service provision, to a minimal degree, generally begins when the intake process has begun. From a front-line perspective, working from an ecological approach includes the incorporation of culturally appropriate approaches with the service user in all aspects of the intervention process.

Intake is the first stage in the child welfare process (Falconer and Swift, 1983) and allows the worker to collect information concerning a child/family necessary for decision making. Intake also allows the worker to assess the validity of the report To gather sufficient information to enable decision making. Data collected should include the:

- Name, age and gender of child;
- Child's permanent address and present location;

- Name(s) of parent;
- Nature and extent of maltreatment and any relevant history;
- Location where incidents occurred;
- Name and address of person alleged as responsible for abuse;
- Action taken by reporter to protect the child and current condition of child;
- Reporter's name, address, telephone number, and knowledge or/relationship to family, motivation to make report, circumstances surrounding reporter's knowledge of situation;
- Other agencies involved or other people who know of the allegations.

All information should be documented. In terms of process, agency records should be checked to ascertain whether any previous information exists on the child/family (or if the file is currently open).

If an allegation of maltreatment is reported, the worker then proceeds with an investigation. The worker meets with the child, parents and other relevant people, to discuss issues raised. Incongruities with what the parent says occurred, the child's developmental abilities and what the worker observes (Falconer and Swift, 1983) should be viewed as red flags that require further investigation and ongoing involvement until questions are resolved in a manner that that safety of the child is ensured. At all times throughout the child welfare intervention stages, the safety of the child should take precedence. A risk assessment tool should also be incorporated as part of the assessment. Risk assessment in child welfare requires the assessment of 1) the vulnerability of the child; 2) the probability of future instances of abuse or neglect; and 3) and the probable severity of any future instances of abuse or neglect (Sigurdson and Reid, 1987). A RA tool is not in conflict with cultural appropriate practices, it is simply one piece of larger assessment, intervention and evaluation piece of BP, provided within the context of culturally appropriate service planning and delivery.

A thorough assessment should provide the basis for service planning and evaluating effectiveness (Tanner and Turney, 2006). While there are many different assessment frameworks available, Maidman (1984) provides a useful outline for an child welfare assessment from an ecological perspective. Assessment should include the examination of multiple aspects of a child's and family's life in the micro (interpersonal), meso (organizations), exo (environments that impact the interpersonal relationships although there is no direct contact, i.e. athe workplace on family) and macro (political-social-economic) environments (Bronfenbrenner, 1977; Compton and Galaway, 1989). Assessments should

examine the service user's understanding of the situation and identify strengths, problems and potential areas for change. Assessments should also examine issues in addition to a referred 'problem'. For example, a specific problem or issue may be the focus of the referral, however other issues such as food, clothing and shelter; safety; medical care needs; education needs; discipline methods; emotional support; interactions between family members can also comprise aspects of the assessment. Assessments should always include the identification of strengths, and ideally, all family members should participate in the information gathering, assessment, service provision and evaluation phases, even though some may be "involuntary" service users (see Rooney, year). The use of genograms and ecomaps are particularly helpful in the assessment stage. The assessment provides the basis of the service plan for the family, as specific goals are identified, upon which an evaluation is based. In addition, the assessment highlights the role that collateral service providers can play. From a family centered approach five domains are key for assessment: 1) child needs and characteristics likely to affect family functioning; 2) parent-child interactions; 3) family needs; 4) critical events; and 5) family strengths (Bailey and Simeonsson, 1988, p. 10).

An Assessment Outline (Maidman, 1984, pp. 401-405)[2]

1. Identifying Data
2. Referral Source
3. Presenting Problems
4. History of Current Difficulties
5. History of Previous Difficulties
6. Family Development
   - Parents' early life experience
   - Partnering (includes issues such as courtship, marriage)
   - Birth of children
   - Current marital and family functioning
7. Personal Development of Child
8. Observations of the Child (what the worker sees)
   - Behaviour, activity, sensory and perceptual skills, thinking process, emotional tone, attitude to self and others
   - Appearance

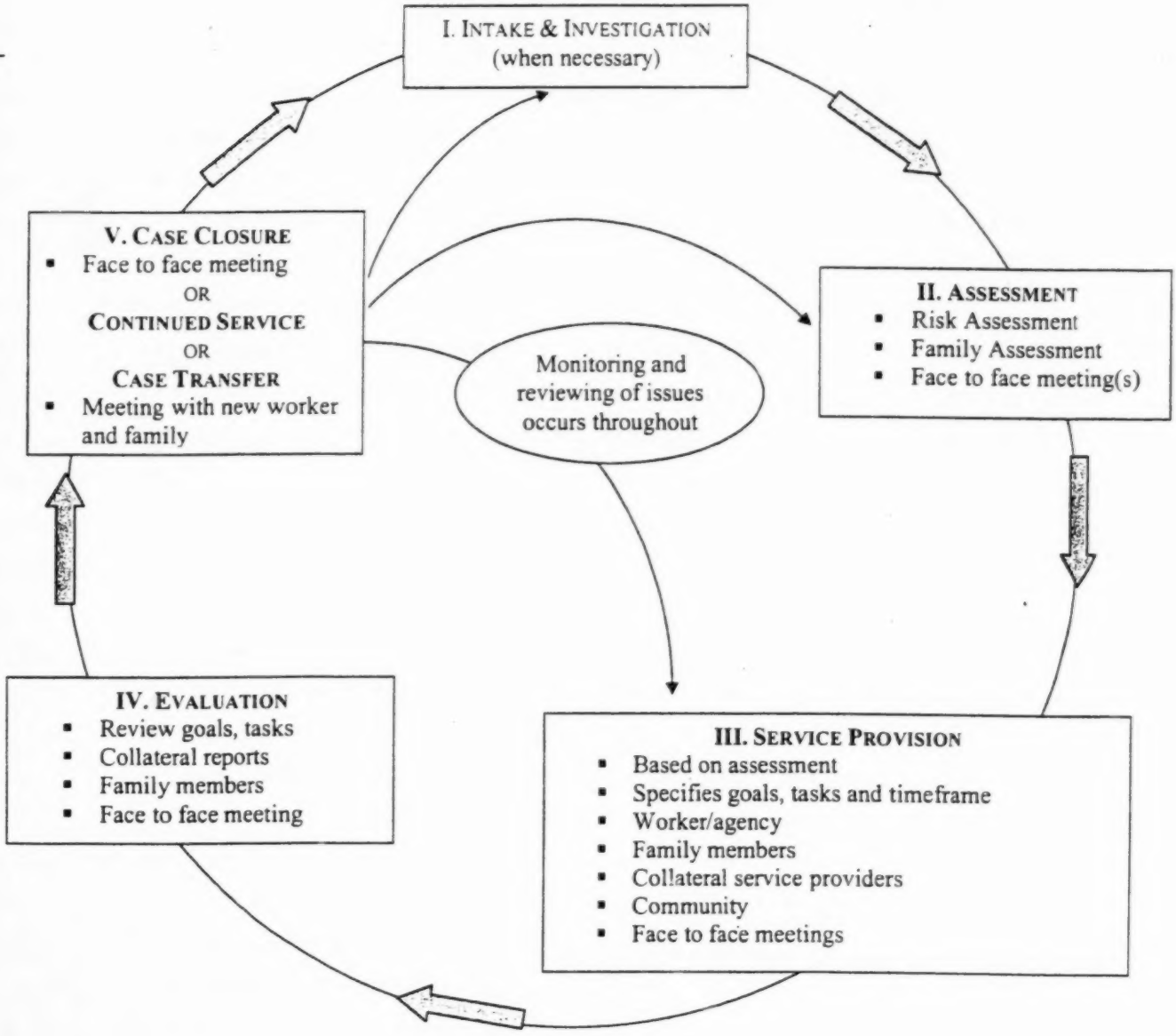
[2] Taken from:

- Child's statements

9. Observations of the Family
   - Structure and organization
   - Communication
   - Emotional tone and expression
   - Control and decision-making
   - Development aspects
10. Public Issues
   - Community
   - Policy
   - Social structure
11. Specialized Observations
   - Experts involved

Based on the assessment, a contract should then be developed between the family members and the worker (and other relevant people, including community members when appropriate) to identify specific goals and tasks necessary for change to occur. Responsibilities of all parties should be clearly articulated and time frames specified. All aspects of child welfare practice should incorporate BP, whether community, family or individual work.

KEY ELEMENTS OF DIRECT SERVICE IN CHILD WELFARE



Best Practice in Child Welfare: Concluding Points

- On a direct service level BP can only occur if caseloads and workloads are manageable and allow the worker to implement BP approaches such as meeting face to face with children, families and collaterals (i.e. foster parents, other service providers), and developing a relationship with families.
- The mandated child welfare organizations in Manitoba which include child welfare agencies, government offices, health centres, as well as the Authorities, the Child Protection Branch, the Child and Family Services Division and the Department of Child and Family Services and Housing welfare system must provide support and sufficient resources to enable BP. Without the organizational and financial support BP will be unlikely to occur other than in exceptional circumstances.
- Support and prevention services are a necessary element of child welfare, and particularly necessary on reserves. These services must be developed and maintained to enable BP. The larger service delivery system providing support services should be working collaboratively with mandated services to ensure BP occurs.
- BP should reflect cultural appropriate services to all families receiving services. This is particularly relevant for Aboriginal child welfare however also includes other minority cultures receiving non-Aboriginal child welfare services. BP advocates for the recognition of, and inclusion of culture in service provision. Culturally appropriate services should be provided based on the child's best interests. Similarities between Aboriginal and non-Aboriginal BP approaches include: the importance of the relationship between the worker and family; greater community involvement and healing; services specific to the needs of the child/family.
- Provincial standards should be maintained to ensure BP: this requires sufficient resources and supportive structures to do so. Voluntary sector agencies and other state services, must be accessible (in terms of geography and waiting lists), culturally appropriate and based on the child's/youth's/family's assessed need (as opposed to generic 'one size fits all' programming).
- No child should suffer due to jurisdictional disputes between the federal government, provincial government and bands. These issues require resolution to ensure BP occurs.

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[3] As of 2005 "Cross Lake Band" First Nation.

Child and Family Services Agency Input Listing

Focus groups and/or individual interviews were conducted with staff from the following agency offices. Agencies that operate DIA off reserve are identified by geographical area. All on reserve offices also serve as their own DIA.

First Nations of Northern Manitoba Child and Family Services Authority

Awasis Agency of Northern Manitoba
Head Office:
Thompson

Sub-Offices:
- God's Lake Narrows
- Pimicikamak (Cross Lake)
- Sayisi Dene (Tadoule Lake)
- Shamattawa
- Winnipeg (Keewatinook Wechihiwewin – Shared Office)

Cree Nation Child and Family Caring Agency
Head Office:
Opaskwayak [redacted]

Sub-Offices:
- Chemawawin - Easterville
- Mathias Colomb - Pukatawagan
- Winnipeg (Keewatinook Wechihiwewin – Shared Office)

Island Lake First Nations Family Services
Head Office:
Garden Hill

Sub-Offices:
- St. Theresa Point First Nation
- Wasagamack First Nation
- Winnipeg Outreach

Kinosao Sipi Minisowin Agency
Head Office:
Norway House [redacted]

Sub-Offices:
- Kinosao Sipi Minisowin Program Centre Norway House
- Winnipeg (Keewatinook Wechihiwewin – Shared Office)

Nisichawayasihk Cree Nation Family and Community Wellness Centre
Head Office:
Nelson House [redacted]

Sub-Offices:
- NCN Child and Family Services (Amalgamated Office) Thompson
- Winnipeg (Keewatinook Wechihiwewin – Shared)

Opaskwayak Cree Nation Child and Family Services
Head Office:
Opaskwayak

First Nations of Southern Manitoba Child and Family Services Authority

Animikii Ozoson, Inc.
Head Office:
Winnipeg

Dakota Ojibway Child and Family Services
Head Office:
Brandon

Sub-Offices:
-Birdtail Sioux -Beulah
- Long Plain - Portage La Prairie
- Portage – Off Reserve
- Roseau River - Ginew
- Sioux Valley - Griswold
- Swan Lake - Marius

Peguis Child and Family Services
Head Office:

Peguis [redacted]

Southeast Child and Family Services
Head Office:
Winnipeg

Sub-Offices:
- Hollow Water First Nation - Wanipigow
- Little Black River First Nation - O'Hanley

Anishinaabe Child and Family Services
Head Office:
Fairford [redacted]

Sub-Offices:
- Dauphin River First Nation - Gypsumville
- Lake Manitoba First Nation - Vogar
- Lake St. Martin First Nation - Gypsumville
- Little Saskatchewan First Nation - St. Martin
- Pinaymootang First Nation – St. Martin
- Winnipeg Outreach

Intertribal Child and Family Services
Head Office:
Koostatak [redacted]

Sub-Office:
Winnipeg Outreach

Sagkeeng Child and Family Services
Head Office:
Pine Falls

Sub-Office:
Winnipeg Outreach Office

West Region Child and Family Services
Head Office:
Rolling River First Nation - Erickson

Sub-Offices:
- Dauphin
- Ebb & Flow First Nation
- Keeseekoowenin First Nation – Elphinstone
- Pine Creek First Nation - Camperville
- Rolling River First Nation - Erickson
- Tootinaowaziibeeng First Nation - Shortdale
- Waywayseecappo First Nation
- Winnipeg

GENERAL CHILD AND FAMILY SERVICES AUTHORITY

Child and Family Services of Western Manitoba
Head Office:
Brandon [redacted]

Service Areas:
- Killarney
- Minnedosa
- Neepawa
- Souris
- Virden

Churchill Child and Family Services
Head Office:
Churchill Regional Health Authority [redacted]

Rural and Northern Services – Interlake
Head Office:
Selkirk [redacted]

Sub-Offices:
- Gimli
- Selkirk
- Stonewall

Rural and Northern Services – Northern
Head Office
Thompson

Sub-Office:
- Flin Flon [redacted]

Child and Family Services of Central Manitoba
Head Office:
Portage La Prairie [redacted]

Sub-Offices:
- Carman
- Morden
- Winkler

Jewish Child and Family Services
Head Office:
Winnipeg

Rural and Northern Services – Eastman
Head Office:
Beausejour [redacted]

Sub-Offices:
- Beausejour
- Steinbach (Main St. location)

Rural and Northern Services – Parkland
Head Office:
South Parkland - Dauphin

Winnipeg Child and Family Services
Head Office:
Winnipeg

Sub-Offices:
- Henderson (River East Access Centre)
- Jefferson
- Main
- Provencher
- St. Anne's (St. Vital/Windsor Unit)
- Stafford

Jiru (Joint Intake Response Unit)
Head Office:
Winnipeg

MÉTIS CHILD AND FAMILY SERVICES AUTHORITY

Métis Child, Family and Community Services
Head Office:
Winnipeg

Sub-Offices:
- Brandon
- Dauphin [redacted]
- Swan River
- The Pas
- Thompson
- Winnipeg (Broadway location)
- Winnipeg (Main St. location)

Communities the Review Team Visited

The Review Team conducted focus groups/interviews in the following 32 First Nation and/or Manitoba communities:

Ashern
Beausejour
Brandon
Cross Lake (Pimicikamak)
Dauphin
Easterville (Chemawawin)
Ebb and Flow
Flin Flon
Garden Hill
God's Lake
Little Black River
Long Plains
Mathias Colomb (Pukatawagan)
Morden
Nelson House (Nisichawayasihk)
Norway House
Opaskwayak
Peguis
Portage La Prairie
Rolling River
Roseau River
Sagkeeng
Selkirk
Sioux Valley
St. Theresa Point
Steinbach
The Pas
Thompson
Wasagamack
Waywayseecappo
Winkler
Winnipeg

OFFICES/INDIVIDUALS WHO PROVIDED INFORMATION TO THE EXTERNAL REVIEW

	Executive Management staff (Chief Executive Officers, Executive Directors, and Regional Directors) who provided input	Management (Supervisors and Managers) involved in focus groups	Number of Staff involved in Focus Groups	Number of Individual Management and Staff interviews	Totals	Number of Focus Groups
Child and Family Services Division Assistant Deputy Minister	1				1	
The Child Protection Branch	1			9	10	
Strategic Initiative and Program Support	1			4	5	
Authorities						
Northern	1			2	3	
Southern	1			1	2	
General	1			4	5	
Métis	1			3	4	
TOTAL	**4**			**10**	**14**	

	Executive Management staff (Chief Executive Officers, Executive Directors, and Regional Directors) who provided input	Management (Supervisors and Managers) involved in Focus Groups	Number of Staff involved in Focus Groups	Number of Individual Management and Staff interviews	Totals	Number of Focus Groups
Agencies within the Authorities						
Northern						
Awasis Agency of Northern Manitoba	1	8	21	1	31	4
Cree Nation Child and Family Caring Agency	1	5	21		27	4
Island Lakes First Nations Family Services	1	6	22		29	4
Kinosao Sipi Minisowin Agency	1	3	13		17	3
Nisichawayasihk Cree Nation Family and Community Wellness Centre	1	7	17		25	3
Opaskwayak Cree Nation CFS	1	2	5		8	1
TOTAL	6	31	99	1	137	19
Southern						
Animikii Ozoson, Inc.	1	3	9		13	2
Anishinaabe CFS		5	8	1	14	2
Dakota Ojibway CFS	1	11	17		29	4
Intertribal CFS		4	9		13	2

	Executive Management staff (Chief Executive Officers, Executive Directors, and Regional Directors) who provided input	Management (Supervisors and Managers) involved in Focus Groups	Number of Staff involved in Focus Groups	Number of Individual Management and Staff interviews	Totals	Number of Focus Groups
Peguis CFS		1	6		7	1
Sagkeeng CFS		5	10		15	2
Southeast CFS	1	8	22	1	32	3
West Region CFS		13	35	2	50	7
TOTAL	3	50	116	4	173	23
General						
CFS of Central Manitoba	1	3	14	2	20	4
CFS of Western Manitoba	1	4	32	2	39	3
Churchill CFS	1				1	
Jewish CFS	1	1	3		5	1
Rural and Northern Services - Eastman	1	2	12	3	18	2
Rural and Northern Services – Interlake	1	2	11		14	2
Rural and Northern Services - Parkland	1	1	3		5	1

	Executive Management staff (Chief Executive Officers, Executive Directors, and Regional Directors) who provided input	Management (Supervisors and Managers) involved in Focus Groups	Number of Staff involved in Focus Groups	Number of Individual Management and Staff interviews	Totals	Number of Focus Groups
Rural and Northern Services Northern	1		9	3	13	2
Winnipeg CFS	1	6	30	3	40	6
Joint Intake and Response Unit	1	13	43	1	58	9
TOTAL	10	30	159	14	210	30
Metis						
Métis Child, Family and Community Services	1	3	37	1	41	6
TOTAL	1	3	37	1	41	6
Representatives of the MGEU				2	2	
Former Child and Family Services Staff				11	11	
Grand Total	**27**	**114**	**411**	**56**	**608**	**78**

	Number of people involved in Focus Groups	Number of individuals Interviewed
Care Services		
Thompson Focus Group of Foster Parents	6	
Foster Family Network	3	
Foster Parents		9
Macdonald Youth Services	14	3
Family members		7
Youth in Care		88
Community Collaterals		
Justice		12
Health		5
Education		2
Community Members		3

SUMMARY

Within the Child and Family Services system,

- 27 Executive Management Staff (Chief Executive Officers, Executive Directors, and Regional Directors) provided input
- 114 Management staff (Supervisors and Managers) were involved in focus groups
- 411 other staff were involved in focus groups
- 56 individual interviews (Management and Staff) were held and
- 78 focus groups were conducted.

A total of 608 staff provided input to the External Review Team.

External to the Child and Family Services system,

- 12 individual interviews and 4 focus groups involving 23 out-of-home care resources and service providers were held.
- 7 interviews were held with family members
- 88 youth in care were interviewed and
- 22 community collaterals were interviewed.

Accordingly, the External Review Team considered information from a total of 760 individuals.

***As well, the co-chairs had a number of meetings with the Standing Committee and CEOs of the Authorities and arranged to meet with all the Executive Directors of the Agencies and held meetings with the Northern Authority, the General Authority, and a representative from the Métis Authority Boards.

C.C.S.M. c. C80

The Child and Family Services Act

(Assented to July 11, 1985)

Duties of director

4(1) Under the control and direction of the minister, the director shall

(a) administer and enforce the provisions of this Act;

(b) advise the minister on matters relating to child and family services;

(b.1) in accordance with the regulations, license child care facilities other than foster homes and hear and decide appeals from agencies with respect to the licensing of foster homes;

(c) advise agencies;

(d) ensure the development and establishment of standards of services and practices and procedures to be followed where services are provided to children and families;

(e) ensure that agencies are providing the standard of services and are following the procedures and practices established pursuant to clause (d) and by the provisions of this Act and the regulations;

(f) receive and hear complaints from any person affected by the administrative actions of an agency;

(g) exercise the powers and duties of an agency in any area in which no agency is functioning;

(h) supervise or direct the supervision of children in care, and receive and disburse moneys payable for their maintenance;

(i) protect children in need of protection;

(j) ensure the development of appropriate placement resources for children;

(k) submit a yearly budget for the child and family services system and keep books of account of all moneys received and disbursed by the director;

(l) prepare and submit an annual report to the minister;

(m) perform such other duties as may be prescribed by this Act, by the regulations, or as may be required by the minister.

C.C.S.M. c. C80

The Child and Family Services Act

(Assented to July 11, 1985)

Duties of agencies

7(1) According to standards established by the director and subject to the authority of the director every agency shall:

(a) work with other human service systems to resolve problems in the social and community environment likely to place children and families at risk;

(b) provide family counselling, guidance and other services to families for the prevention of circumstances requiring the placement of children in protective care or in treatment programs;

(c) provide family guidance, counselling, supervision and other services to families for the protection of children;

(d) investigate allegations or evidence that children may be in need of protection;

(e) protect children;

(f) develop and provide services which will assist families in re-establishing their ability to care for their children;

(g) provide care for children in its care;

(h) develop permanency plans for all children in its care with a view to establishing a normal family life for these children;

(i) provide adoption services under *The Adoption Act*;

(j) provide post-adoption services to families and adults under *The Adoption Act*;

(k) provide parenting education and other supportive services and assistance to children who are parents, with a view to ensuring a stable and workable plan for them and their children;

(l) develop and maintain child care resources;

(m) provide services which respect the cultural and linguistic heritage of families and children;

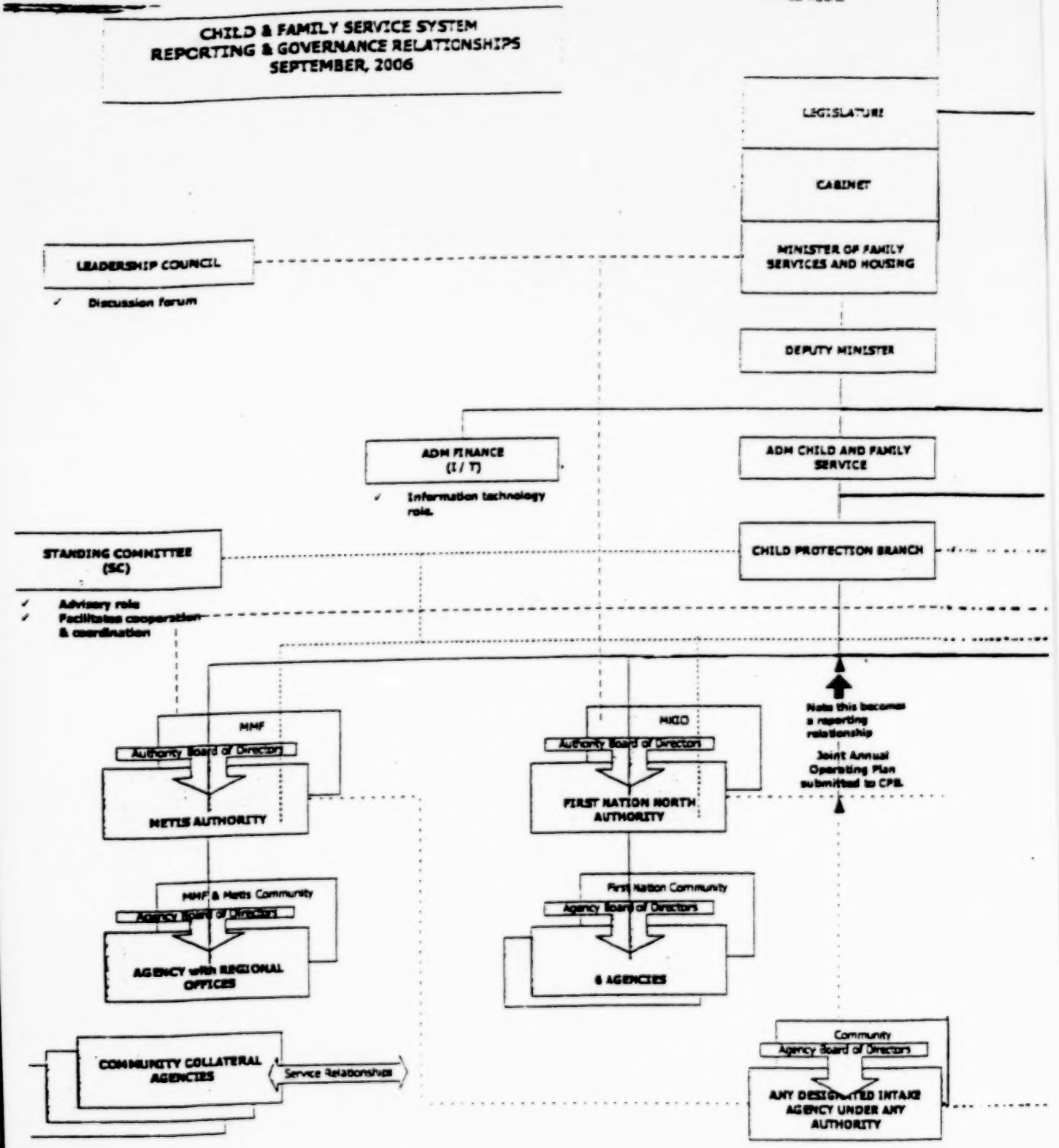
(n) provide such reports as the director may require;

(o) take reasonable measures to make known in the community the services the agency provides;

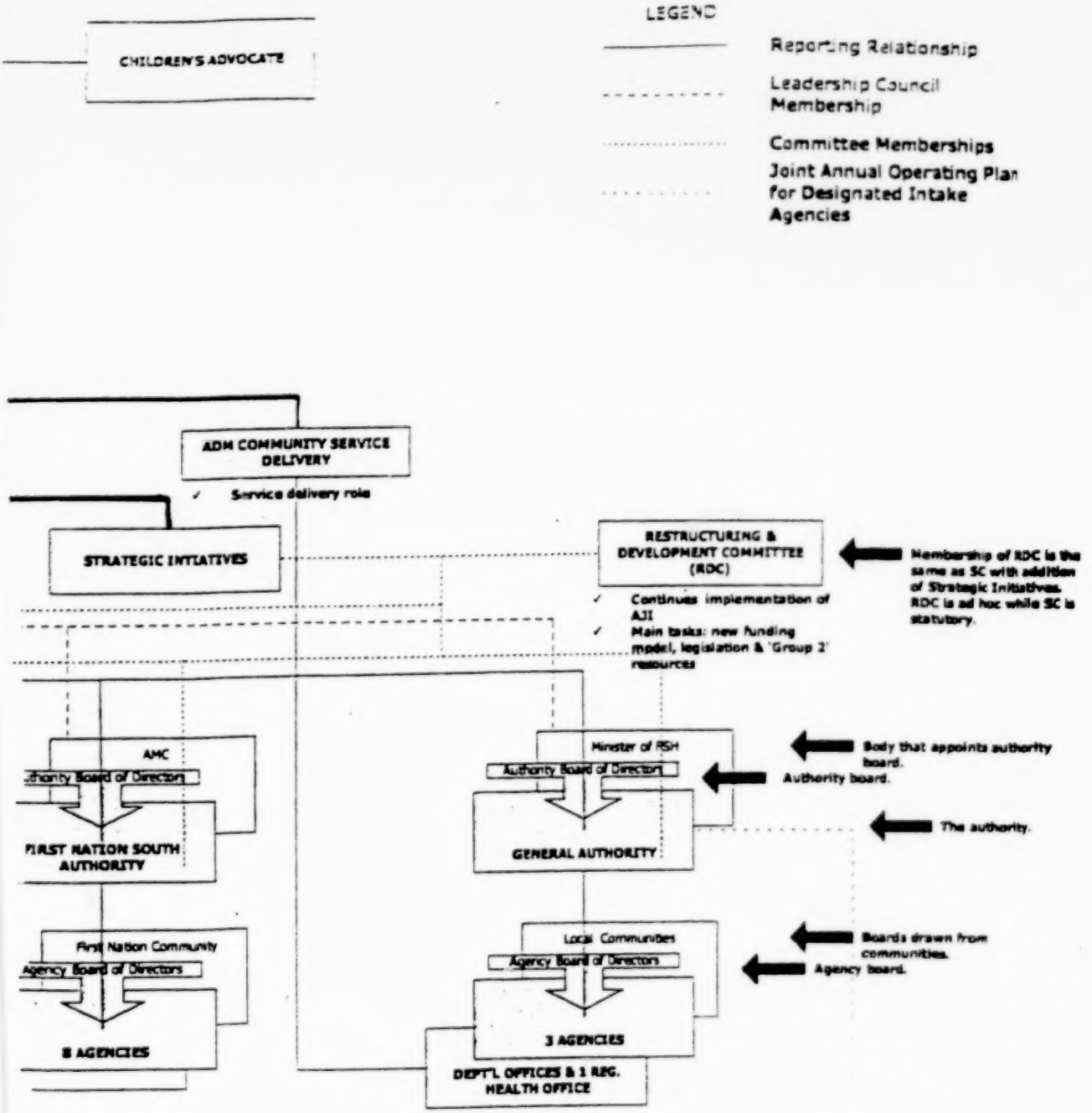
(p) conform to a written directive of the director;

(q) maintain such records as are required for the administration or enforcement of any provision of this Act or *The Adoption Act* or the regulations;

(r) provide any other services and perform any other duties given to it by this Act or *The Adoption Act*, or by the director in accordance with this Act or *The Adoption Act*.


CHILD & FAMILY SERVICE SYSTEM
REPORTING & GOVERNANCE RELATIONSHIPS
SEPTEMBER, 2006
LEGISLATURE
CABINET
MINISTER OF FAMILY SERVICES AND HOUSING
LEADERSHIP COUNCIL
Discussion forum
DEPUTY MINISTER
ADM FINANCE (I / T)
Information technology role.
ADM CHILD AND FAMILY SERVICE
STANDING COMMITTEE (SC)
Advisory role
Facilitates cooperation & coordination
CHILD PROTECTION BRANCH
Note this becomes a reporting relationship
Joint Annual Operating Plan submitted to CPB
MMF
Authority Board of Directors
METIS AUTHORITY
MKO
Authority Board of Directors
FIRST NATION NORTH AUTHORITY
MMF & Metis Community
Agency Board of Directors
AGENCY with REGIONAL OFFICES
First Nation Community
Agency Board of Directors
6 AGENCIES
COMMUNITY COLLATERAL AGENCIES
Service Relationship
Community
Agency Board of Directors
ANY DESIGNATED INTAKE AGENCY UNDER ANY AUTHORITY

Appendix 7


CHILDREN'S ADVOCATE
LEGEND
Reporting Relationship
Leadership Council Membership
Committee Memberships
Joint Annual Operating Plan for Designated Intake Agencies
ADM COMMUNITY SERVICE DELIVERY
✓ Service delivery role
STRATEGIC INITIATIVES
RESTRUCTURING & DEVELOPMENT COMMITTEE (RDC)
✓ Continues implementation of AJI
✓ Main tasks: new funding model, legislation & 'Group 2' resources
Membership of RDC is the same as SC with addition of Strategic Initiatives. RDC is ad hoc while SC is statutory.
AMC
Authority Board of Directors
FIRST NATION SOUTH AUTHORITY
Minister of RSH
Authority Board of Directors
GENERAL AUTHORITY
Body that appoints authority board.
Authority board.
The authority.
First Nation Community
Agency Board of Directors
8 AGENCIES
Local Communities
Agency Board of Directors
3 AGENCIES
DEPT'L OFFICES & 1 REG. HEALTH OFFICE
Boards drawn from communities.
Agency board.

C.C.S.M. c. C80

The Child and Family Services Act

(Assented to July 11, 1985)

Best interests

2(1) The best interests of the child shall be the paramount consideration of the director, an authority, the children's advocate, an agency and a court in all proceedings under this Act affecting a child, other than proceedings to determine whether a child is in need of protection, and in determining the best interests of the child all relevant matters shall be considered, including

(a) the child's opportunity to have a parent-child relationship as a wanted and needed member within a family structure;

(b) the mental, emotional, physical and educational needs of the child and the appropriate care or treatment, or both, to meet such needs;

(c) the child's mental, emotional and physical stage of development;

(d) the child's sense of continuity and need for permanency with the least possible disruption;

(e) the merits and the risks of any plan proposed by the agency that would be caring for the child compared with the merits and the risks of the child returning to or remaining within the family;

(f) the views and preferences of the child where they can reasonably be ascertained;

(g) the effect upon the child of any delay in the final disposition of the proceedings; and

(h) the child's cultural, linguistic, racial and religious heritage.

C.C.S.M. c. C80

The Child and Family Services Act

(Assented to July 11, 1985)

Illustrations of child in need

17(2) Without restricting the generality of subsection (1), a child is in need of protection where the child

(a) is without adequate care, supervision or control;

(b) is in the care, custody, control or charge of a person

(i) who is unable or unwilling to provide adequate care, supervision or control of the child, or

(ii) whose conduct endangers or might endanger the life, health or emotional well-being of the child, or

(iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;

(c) is abused or is in danger of being abused;

(d) is beyond the control of a person who has the care, custody, control or charge of the child;

(e) is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;

(f) is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the child;

(g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child; or

(h) is the subject, or is about to become the subject, of an unlawful adoption under *The Adoption Act* or of a sale under section 84.

PART 3

POWERS AND DUTIES OF AUTHORITIES AND THE DIRECTOR UNDER *THE CHILD AND FAMILY SERVICES ACT*

Purpose of this Part

11(1) The purpose of this Part is to clarify section 18 of *The Child and Family Services Authorities Act* as to the powers and duties of the director under *The Child and Family Services Act*, and the powers and duties of authorities under that Act with respect to agencies they have mandated.

Director's powers and duties

11(2) The director retains the powers and duties of the director under *The Child and Family Services Act*, except as set out in this Part.

Terms used in this Part

12(1) In this Part,

(a) a reference to an authority means, in relation to an agency, the authority that has mandated, or is deemed to have mandated the agency under Part I of *The Child and Family Services Act*; and

(b) a reference to an agency means, in relation to an authority, an agency that has been mandated under Part I of *The Child and Family Services Act* by that authority.

Child and Family Services Act terms

12(2) Terms used in this Part have the same meaning as they have in *The Child and Family Services Act*.

Administering and enforcing Act

13 Under clause 4(1)(a) of *The Child and Family Services Act*, an authority has the duty of the director to administer and enforce the Act. The director also retains that duty.

PARTIE 3

POUVOIRS ET FONCTIONS DES RÉGIES ET DU DIRECTEUR SOUS LE RÉGIME DE LA *LOI SUR LES SERVICES À L'ENFANT ET À LA FAMILLE*

Objet de la présente partie

11(1) La présente partie a pour objet de préciser l'article 18 de la *Loi sur les régies de services à l'enfant et à la famille* à l'égard des pouvoirs et fonctions du directeur en vertu de la *Loi sur les services à l'enfant et à la famille* et ceux que les régies ont, en vertu de cette loi, à l'égard des offices qu'elles ont autorisés.

Pouvoirs et fonctions du directeur

11(2) Sous réserve des autres dispositions de la présente partie, le directeur conserve les pouvoirs et fonctions qui lui sont conférés sous le régime de la *Loi sur les services à l'enfant et à la famille*.

Terminologie utilisée dans la présente partie

12(1) Dans la présente partie :

a) toute mention d'une régie vaut mention, à l'égard d'un office, de la régie qui l'a autorisé ou est réputée l'avoir autorisé en vertu de la partie I de la *Loi sur les services à l'enfant et à la famille*;

b) toute mention d'un office vaut mention, à l'égard d'une régie, de l'office qui a été autorisé en vertu de la partie I de la *Loi sur les services à l'enfant et à la famille* par cette régie.

Terminologie — *Loi sur les services à l'enfant et à la famille*

12(2) Les termes utilisés dans la présente partie s'entendent au sens de la *Loi sur les services à l'enfant et à la famille*.

Application de la *Loi sur les services à l'enfant et à la famille*

13 Les régies ont l'obligation d'appliquer la *Loi sur les services à l'enfant et à la famille*, laquelle obligation est prévue à l'alinéa 4(1)a) de cette loi. Le directeur conserve également cette obligation.

Foster home licensing appeals and licensing of child care facilities except foster homes

14 Under clause 4(1)(b.1) of *The Child and Family Services Act*, an authority has the duty of the director to decide appeals from agencies with respect to the licensing of foster homes and the director ceases to have that duty. The director retains the duty under that clause to license child care facilities other than foster homes.

Advising agencies

15 Under clause 4(1)(c) of *The Child and Family Services Act*, an authority has the duty of the director to advise agencies. The director ceases to have that duty except with respect to advising agencies about the operation of the child abuse registry.

Ensuring agencies follow standards

16 Under clause 4(1)(e) of *The Child and Family Services Act*, an authority has the duty of the director to ensure that agencies are providing and following standards, practices and procedures. The director ceases to have that duty.

Hearing complaints about agencies

17 Under clause 4(1)(f) of *The Child and Family Services Act*, an authority has the duty of the director to hear complaints about agencies. The director ceases to have that duty.

Exercising powers and duties of an agency

18 Under clause 4(1)(g) of *The Child and Family Services Act*, an authority has the duty of the director to exercise the powers and duties of an agency in any area where no agency is functioning. The director ceases to have that duty.

Supervising children in care

19 Under clause 4(1)(h) of *The Child and Family Services Act*, an authority has the duty of the director to supervise or direct the supervision of children in care and receive and disburse moneys for their maintenance. The director ceases to have that duty.

Permis aux établissements d'aide à l'enfant, autres que les foyers nourriciers, et appels

14 Les régies ont l'obligation de statuer sur les appels interjetés par les offices à l'égard de la délivrance de permis à des foyers nourriciers, laquelle obligation est prévue à l'alinéa 4(1)c) de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation; il conserve cependant l'obligation prévue à cet alinéa de délivrer des permis aux établissements d'aide à l'enfant autres que les foyers nourriciers.

Rôle de conseiller

15 Les régies ont l'obligation de conseiller les offices, laquelle obligation est prévue à l'alinéa 4(1)c) de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation.

Contrôle du respect des normes

16 Les régies ont l'obligation de s'assurer que les offices respectent les normes de qualité et les règles de pratique et de procédure, laquelle obligation est prévue à l'alinéa 4(1)e) de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation.

Plaintes

17 Les régies ont l'obligation d'accueillir et d'entendre les plaintes concernant un office, laquelle obligation est prévue à l'alinéa 4(1)f) de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation.

Exercice des pouvoirs et fonctions d'un office

18 Les régies ont l'obligation d'exercer les pouvoirs et fonctions d'un office dans tout territoire où aucun office n'offre des services, laquelle obligation est prévue à l'alinéa 4(1)g) de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation.

Surveillance des enfants

19 Les régies ont l'obligation d'assurer, elles-mêmes ou par l'intermédiaire de leur délégué, la surveillance des enfants qui reçoivent des soins et de toucher et verser les sommes nécessaires à l'entretien de ceux-ci, laquelle obligation est prévue à l'alinéa 4(1)h) de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation.

Developing placement resources

20 Under clause 4(1)(j) of *The Child and Family Services Act*, an authority has the duty of the director to ensure the development of appropriate placement resources for children. The director also retains that duty.

Entry powers

21 Under clause 4(2)(a) of *The Child and Family Services Act*, an authority has the powers of the director to enter and inspect the premises of agencies and of foster homes licensed by those agencies and the director ceases to have those powers. The director retains the power in relation to child care facilities other than foster homes, and in relation to other places where a child is placed under the Act.

Inspection powers

22(1) Under clause 4(2)(b) of *The Child and Family Services Act*, an authority has the power of the director to inspect and obtain copies or samples of things

(a) that relate to an agency, a child, a foster home licensed by an agency it has mandated or to a matter being investigated by the authority; and

(b) that are in the possession or control of an agency or a foster home licensed by an agency it has mandated.

The director ceases to have those powers.

Director's powers re inspections

22(2) The director retains the same powers under clause 4(2)(b) of *The Child and Family Services Act* to inspect and obtain copies or samples of things that

(a) relate to a child, a child care facility other than a foster home, or to a matter being investigated by the director; and

Mise en place de ressources appropriées

20 Les régies ont l'obligation de mettre en place les ressources appropriées en matière de placement d'enfants, laquelle obligation est prévue à l'alinéa 4(1)j) de la *Loi sur les services à l'enfant et à la famille*. Le directeur conserve également cette obligation.

Pouvoir de visiter

21 Les régies ont le pouvoir de visiter les locaux des offices et des foyers nourriciers titulaires d'un permis délivré par un office, lequel pouvoir est prévu à l'alinéa 4(2)a) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir; il conserve cependant le pouvoir de visiter les établissements d'aide à l'enfant, à l'exclusion des foyers nourriciers, et les autres lieux où un enfant est placé sous le régime de cette loi.

Pouvoir d'examen

22(1) Les régies ont le pouvoir, prévu à l'alinéa 4(2)b) de la *Loi sur les services à l'enfant et à la famille*, d'examiner les choses — et de les reproduire ou d'en prendre des échantillons — qui sont, à la fois :

a) liées à un office, à un enfant, à un foyer nourricier titulaire d'un permis délivré par un office qu'elles ont autorisé ou à toute question sur laquelle elles enquêtent;

b) en la possession ou sous la responsabilité d'un office ou d'un foyer nourricier titulaire d'un permis délivré par un office qu'elles ont autorisé.

Le directeur cesse d'être investi de ce pouvoir.

Pouvoir du directeur en matière d'examen

22(2) Le directeur conserve le pouvoir, prévu à l'alinéa 4(2)b) de la *Loi sur les services à l'enfant et à la famille*, d'examiner les choses — et de les reproduire ou d'en prendre des échantillons — qui sont, à la fois :

a) liées à un enfant, à un établissement d'aide à l'enfant autre qu'un foyer nourricier ou à toute question sur laquelle il enquête;

(b) are in the possession or control of a person in charge of

(i) a child care facility other than a foster home, or

(ii) another place where a child is placed under the Act.

b) en la possession ou sous la responsabilité du responsable de l'établissement ou d'un autre lieu où l'enfant est placé sous le régime de cette loi.

Investigation powers

23 Under clause 4(2)(b.1) of *The Child and Family Services Act*, an authority has the power of the director to require a person to give information relating to any matter being investigated by the authority and to produce records, papers or things and the director ceases to have those powers. The director retains these powers in relation to any matter he or she is investigating.

Pouvoirs d'enquête

23 Les régies ont le pouvoir d'exiger d'une personne qu'elle les renseigne sur une question sur laquelle elles enquêtent et qu'elle leur fournisse des dossiers, des documents ou des choses, lequel pouvoir est prévu à l'alinéa 4(2)b.1) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir. Il le conserve cependant à l'égard de toute question sur laquelle il enquête.

Powers relating to licensing facilities

24 Under clause 4(2)(b.2) of *The Child and Family Services Act*, an authority has the power of the director to do anything in relation to determining appeals from agencies with respect to the licensing of foster homes and the director ceases to have that power. The director retains the power under that clause to do anything in relation to the licensing of child care facilities other than foster homes.

Délivrance des permis aux établissements

24 Les régies ont le pouvoir de trancher les appels qu'interjettent les offices au sujet de la délivrance de permis à des foyers nourriciers, lequel pouvoir est prévu à l'alinéa 4(2)b.2) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir. Il conserve cependant le pouvoir d'accomplir tout acte à l'égard de la délivrance de permis à des établissements d'aide à l'enfant autres que des foyers nourriciers.

Investigating welfare of child

25 Under clause 4(2)(c) of *The Child and Family Services Act*, an authority has the power of the director to make enquiries and carry out investigations as to the welfare of a child. The director also retains that power.

Enquête concernant le bien-être des enfants

25 Les régies ont le pouvoir de procéder à des enquêtes et à des recherches concernant le bien-être d'un enfant, lequel pouvoir est prévu à l'alinéa 4(2)c) de la *Loi sur les services à l'enfant et à la famille*. Le directeur conserve également ce pouvoir.

Establishing complaint procedures

26 Under clause 4(2)(d) of *The Child and Family Services Act*, an authority has the power of the director to establish complaint procedures under the Act. The director also retains that power.

Procédure applicable à l'audition des plaintes

26 Les régies ont le pouvoir d'établir une procédure applicable à l'audition des plaintes sous le régime de la *Loi sur les services à l'enfant et à la famille*, lequel pouvoir est prévu à l'alinéa 4(2)d) de cette loi. Le directeur conserve également ce pouvoir.

Reviewing reports about children and families

27 Under clause 4(2)(e) of *The Child and Family Services Act*, an authority has the power of the director to solicit and review reports concerning the welfare of children and families. The director also retains that power.

Étude des rapports sur les enfants et les familles

27 Les régies ont le pouvoir de solliciter et d'étudier des rapports sur le bien-être des enfants et des familles, lequel pouvoir est prévu à l'alinéa 4(2)e) de la *Loi sur les services à l'enfant et à la famille*. Le directeur conserve également ce pouvoir.

Issuing directives to agencies

28 Under clause 4(2)(g) of *The Child and Family Services Act*, an authority has the power of the director to issue a written directive to an agency. The director ceases to have that power except with respect to advising agencies about the operation of the child abuse registry.

Appointing administrator for agency

29 Under section 4.1 of *The Child and Family Services Act*, an authority has the power of the director to appoint an administrator for an agency. The director ceases to have that power.

Powers relating to agencies

30(1) Under subsection 7(1) of *The Child and Family Services Act*, an authority has the powers of the director to require agencies to carry out their duties

(a) in accordance with standards established by it and the director; and

(b) subject to its authority.

The director ceases to have that power.

Specific powers

30(2) In addition, under subsection 7(1) of that Act, an authority has the following powers of the director and the director ceases to have them:

(a) under clause (n), to require agencies to provide reports;

(b) under clause (p), to require agencies to conform to a directive;

(c) under clause (r), to require agencies to provide other services and perform other duties given to it by the Act.

Foster home licensing appeals

31(1) Subject to subsection (2), under subsections 8(2) and (3) of *The Child and Family Services Act*, an authority has the powers of the director to hear and decide appeals with respect to the licensing of foster homes. The director ceases to have those powers.

Directives données aux offices

28 Les régies ont le pouvoir de donner des directives écrites aux offices, lequel pouvoir est prévu à l'alinéa 4(2)g) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir sauf s'il s'agit de conseiller les offices quant à la tenue du registre concernant les mauvais traitements.

Nomination d'un administrateur

29 Les régies ont le pouvoir de nommer un administrateur chargé d'agir à la place d'un office, lequel pouvoir est prévu à l'article 4.1 de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir.

Pouvoirs à l'égard des offices

30(1) Les régies ont le pouvoir, prévu au paragraphe 7(1) de la *Loi sur les services à l'enfant et à la famille*, d'enjoindre aux offices d'exercer leurs attributions :

a) en conformité avec les normes établies par elles et par le directeur;

b) sous leur autorité.

Le directeur cesse d'être investi de ce pouvoir.

Pouvoirs déterminés

30(2) De plus, les régies ont les pouvoirs déterminés qui suivent et le directeur cesse d'en être investi :

a) le pouvoir d'exiger d'un office qu'il présente un rapport, lequel pouvoir est prévu à l'alinéa 7(1)n) de cette loi;

b) le pouvoir d'exiger d'un office qu'il se conforme à une directive, lequel pouvoir est prévu à l'alinéa 7(1)p) de cette loi;

c) le pouvoir d'exiger d'un office qu'il fournisse d'autres services ou exerce d'autres fonctions que lui confère cette loi, lequel pouvoir est prévu à l'alinéa 7(1)r) de la même loi.

Appels — permis de foyer nourricier

31(1) Sous réserve du paragraphe (2), les régies ont le pouvoir de trancher un appel portant sur tout refus de délivrer un permis de foyer nourricier, lequel pouvoir est prévu aux paragraphes 8(2) et (3) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir.

Appeals already commenced

31(2) If, on the day this regulation comes into force, an appeal to the director under subsection 8(2) of the Act has been commenced but not finally disposed of, the appeal shall be continued and completed by the director in accordance with subsections 8(2) and (3) of the Act.

Notice terminating voluntary placement agreement

32 Under subsections 14(4) and (5) of *The Child and Family Services Act*, when an agency gives the director notice of the termination of a voluntary placement agreement, the agency must also give the authority notice.

Approving agreements

33 Under subsection 15(4) of *The Child and Family Services Act*, an authority has the power of the director to require an agency to submit agreements under sections 12 to 14 for approval. The director ceases to have that power, but the agency must continue to give the director copies of any agreements under section 14 (voluntary placement agreements).

Approving voluntary surrender of guardianship

34 Under subsection 16(8) of *The Child and Family Services Act*, an authority has the power of the director to approve agreements. The director ceases to have that power, but the agency must continue to give the director copies of any agreements.

Approving withdrawal of surrender of guardianship

35 Under subsections 16(11) and (12) of *The Child and Family Services Act*, an authority has the power of the director to approve a withdrawal of a surrender of guardianship. The director ceases to have that power, but the agency must continue to give the director copies of any withdrawals of surrender of guardianship.

Approving joint child abuse committees

36 Under subsection 19(2) of *The Child and Family Services Act*, an authority has the power of the director to approve joint child abuse committees for agencies. The director ceases to have that power.

Appels déjà en cours

31(2) Les appels qui, au moment de l'entrée en vigueur du présent règlement, ont été interjetés auprès du directeur en vertu du paragraphe 8(2) de la *Loi sur les services à l'enfant et à la famille* mais qui n'ont pas fait l'objet d'un règlement définitif sont poursuivis et tranchés par le directeur en conformité avec les paragraphes 8(2) et (3) de cette loi.

Avis de résiliation

32 Les offices font également parvenir aux régies les avis de résiliation qu'ils sont tenus, en conformité avec les paragraphes 14(4) et (5) de la *Loi sur les services à l'enfant et à la famille*, de faire parvenir au directeur.

Approbation des contrats

33 Les régies ont le pouvoir d'exiger des offices qu'ils leur soumettent pour approbation les contrats passés en vertu des articles 12 à 14 de la *Loi sur les services à l'enfant et à la famille*, lequel pouvoir est prévu au paragraphe 15(4) de cette loi. Le directeur cesse d'être investi de ce pouvoir. Les offices continuent cependant d'être tenus de lui faire parvenir une copie des contrats passés en vertu de l'article 14 de cette loi.

Approbation des renonciations volontaires à la tutelle

34 Les régies ont le pouvoir d'approuver les accords, lequel pouvoir est prévu au paragraphe 16(8) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir. Les offices continuent cependant d'être tenus de lui faire parvenir une copie des accords.

Approbation des retraits de renonciation à la tutelle

35 Les régies ont le pouvoir d'approuver les retraits de renonciation à la tutelle, lequel pouvoir est prévu aux paragraphes 16(11) et (12) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir. Les offices continuent cependant d'être tenus de lui faire parvenir une copie des retraits approuvés.

Approbation de la création des comités conjoints

36 Les régies ont le pouvoir d'approuver la création d'un comité conjoint de protection contre les mauvais traitements, lequel pouvoir est prévu au paragraphe 19(2) de la *Loi sur les services à l'enfant et à la famille*. Le directeur cesse d'être investi de ce pouvoir.

Apprehending child in need of protection
37 Under section 21 of *The Child and Family Services Act*, an authority has the power of the director to apprehend a child in need of protection and take the child to a place of safety. The director also retains that power.

Leaving child pending protection hearing
38 Under section 26 of *The Child and Family Services Act*, an authority has the power of the director to leave a child with a person pending a protection hearing and notify the agency accordingly. The director also retains that power.

Reviewing placement plans
39 Under section 54 of *The Child and Family Services Act*, an authority has the duty of the director to review the plans for each child in the care of its agencies. The director ceases to have that duty.

Confidentiality of and access to records
40(1) Subject to subsection (2), with respect to section 76 of *The Child and Family Services Act*, an authority

(a) has the same duties that the director has

(i) to keep records in its custody or control confidential, and

(ii) to restrict access to and disclosure or communication of information from these records; and

(b) has, in relation to agencies it has mandated the same powers that the director has to obtain access to records and to disclose, communicate or give access to information from them.

Exception
40(2) An authority does not have the power of the director under subsection 76(20) of *The Child and Family Services Act* to review a refusal of access, an alleged disclosure, or a failure to comply with subsection 76(9) of that Act.

Pouvoir d'appréhender un enfant ayant besoin de protection
37 Les régies ont le pouvoir d'appréhender un enfant ayant besoin de protection et de le conduire dans un lieu sûr, lequel pouvoir est prévu à l'article 21 de la *Loi sur les services à l'enfant et à la famille*. Le directeur conserve également ce pouvoir.

Enfant laissé à une personne
38 Les régies ont le pouvoir de confier un enfant à une personne pendant qu'une demande est en instance et d'en aviser l'office, lequel pouvoir est prévu à l'article 26 de la *Loi sur les services à l'enfant et à la famille*. Le directeur conserve également ce pouvoir.

Révision des plans de placement
39 Les régies ont l'obligation de réviser les plans de placement des enfants confiés aux soins des offices dont elles sont responsables, laquelle obligation est prévue à l'article 54 de la *Loi sur les services à l'enfant et à la famille*. Le directeur n'est plus tenu de s'acquitter de cette obligation.

Protection de la confidentialité des renseignements et accès aux dossiers
40(1) Sous réserve du paragraphe (2), les régies ont, relativement à l'article 76 de la *Loi sur les services à l'enfant et à la famille* :

a) les obligations imposées au directeur en matière de :

(i) protection de la confidentialité des dossiers dont elles ont la garde ou la responsabilité,

(ii) de restriction de l'accès à ces dossiers et de communication des renseignements qu'ils contiennent;

b) à l'égard des offices qu'elles ont autorisés, les pouvoirs que le directeur possède en matière d'accès aux dossiers et de communication des renseignements qu'ils contiennent, ainsi que d'autorisation d'accès.

Exception
40(2) Les régies ne sont pas investies du pouvoir de réviser un refus d'accès, ou une prétendue communication non autorisée ou une prétendue contravention au paragraphe 76(9) de la *Loi sur les services à l'enfant et à la famille*, lequel pouvoir est prévu au paragraphe 76(20) de cette loi.

Director's powers and duties re records
40(3) The director retains the powers and duties of the director under section 76 of *The Child and Family Services Act*.

Pouvoirs et fonctions du directeur
40(3) Le directeur conserve les pouvoirs et fonctions qui lui sont conférés par l'article 76 de la *Loi sur les services à l'enfant et à la famille*.

PART 4

POWERS AND DUTIES OF AUTHORITIES AND THE DIRECTOR UNDER *THE ADOPTION ACT*

Purpose of this Part
41(1) The purpose of this Part is to clarify section 18 of *The Child and Family Services Authorities Act* as to the powers and duties of the director under *The Adoption Act*, and the powers and duties of authorities under that Act with respect to agencies they have mandated.

Director's powers and duties
41(2) The director retains the powers and duties of the director under *The Adoption Act*, except as set out in this Part.

Terms used in this Part
42(1) In this Part,

(a) a reference to an authority means, in relation to a child and family services agency, the authority that has mandated, or is deemed to have mandated, the agency under Part I of *The Child and Family Services Act*; and

(b) a reference to a child and family services agency means, in relation to an authority, a child and family services agency that has been mandated under Part I of *The Child and Family Services Act* by that authority.

Adoption Act terms
42(2) Terms used in this Part have the same meaning as they have in *The Adoption Act*.

PARTIE 4

ATTRIBUTIONS DES RÉGIES ET DU DIRECTEUR SOUS LE RÉGIME DE LA *LOI SUR L'ADOPTION*

Objet de la présente partie
41(1) La présente partie a pour objet de préciser l'article 18 de la *Loi sur les régies de services à l'enfant et à la famille* à l'égard des attributions du directeur en vertu de la *Loi sur l'adoption* et de ceux des régies en vertu de cette loi à l'égard des offices qu'elles ont autorisés.

Attributions du directeur
41(2) Sous réserve des autres dispositions de la présente partie, le directeur conserve les attributions qui lui sont conférées en vertu de la *Loi sur l'adoption*.

Terminologie utilisée dans la présente partie
42(1) Dans la présente partie :

a) toute mention d'une régie vaut mention, à l'égard d'un office de services à l'enfant et à la famille, de la régie qui l'a autorisé ou est réputée l'avoir autorisé en vertu de la partie I de la *Loi sur les services à l'enfant et à la famille*;

b) toute mention d'un office de services à l'enfant et à la famille vaut mention, à l'égard d'une régie, de l'office de services à l'enfant et à la famille qui a été autorisé en vertu de la partie I de la *Loi sur les services à l'enfant et à la famille* par cette régie.

Terminologie — *Loi sur l'adoption*
42(2) Les termes utilisés dans la présente partie s'entendent au sens de la *Loi sur l'adoption*.

Advising agencies

43 Under clause 5(1)(d) of *The Adoption Act*, an authority has the duty of the director to advise child and family services agencies. The director ceases to have that duty in relation to child and family services agencies except with respect to advising child and family services agencies about

(a) adoption services in relation to inter-country adoptions;

(b) the operation of the central adoption registry; and

(c) the operation of the post-adoption registry.

The director retains the duty to advise adoption agencies.

Ensuring agencies follow standards

44 Under clause 5(1)(f) of *The Adoption Act*, an authority has the duty of the director to ensure that child and family services agencies are following standards, practices and procedures for adoption services. The director ceases to have that duty in relation to child and family services agencies but retains it in relation to adoption agencies.

Hearing complaints about agencies

45 Under clause 5(1)(g) of *The Adoption Act*, an authority has the duty of the director to hear complaints about child and family services agencies. The director ceases to have that duty in relation to child and family services agencies but retains it in relation to adoption agencies.

Adoption placement resources

46 Under clause 5(1)(h) of *The Adoption Act*, an authority has the duty of the director to ensure the development of appropriate adoption placement resources. The director also retains that duty.

Other duties

47 Under clause 5(1)(i) of *The Adoption Act*, an authority has the duty of the director to perform other duties as may be required by the Act, the regulations or the minister. The director also retains that power.

Obligation de conseiller les offices

43 Les régies ont l'obligation de conseiller les offices de services à l'enfant et à la famille, laquelle obligation est prévue à l'alinéa 5(1)d) de la *Loi sur l'adoption*. Le directeur n'est plus tenu de s'acquitter de cette obligation à l'égard des offices de services à l'enfant et à la famille sauf s'il s'agit de conseiller ceux-ci relativement aux services d'adoption offerts dans le cadre d'adoptions internationales, à la tenue du registre central d'adoption et à la tenue du registre postadoption. Il la conserve toutefois à l'égard des agences d'adoption.

Normes de service

44 Les régies ont l'obligation de veiller à ce que les offices de services à l'enfant et à la famille respectent les normes de service et suivent les pratiques et la procédure adoptées dans le cadre des services d'adoption, laquelle obligation est prévue à l'alinéa 5(1)f) de la *Loi sur l'adoption*. Le directeur n'est plus tenu de s'acquitter de cette obligation à l'égard des offices de services à l'enfant et à la famille mais il la conserve à l'égard des agences d'adoption.

Plaintes

45 Les régies ont l'obligation d'entendre les plaintes concernant les offices de services à l'enfant et à la famille, laquelle obligation est prévue à l'alinéa 5(1)g) de la *Loi sur l'adoption*. Le directeur n'est plus tenu de s'acquitter de cette obligation à l'égard des offices de services à l'enfant et à la famille mais il la conserve à l'égard des agences d'adoption.

Ressources adéquates

46 Les régies ont l'obligation de veiller à la constitution de ressources adéquates en matière de placement en vue de l'adoption, laquelle obligation est prévue à l'alinéa 5(1)h) de la *Loi sur l'adoption*. Le directeur conserve également cette obligation.

Autres fonctions

47 Les régies ont l'obligation d'accomplir les autres fonctions qui peuvent être confiées au directeur par la *Loi sur l'adoption*, les règlements ou le ministre, laquelle obligation est prévue à l'alinéa 5(1)i) de cette loi. Le directeur conserve également cette obligation.

Inspection powers

48 Under subsection 5(2) of *The Adoption Act*, an authority has the inspection powers of the director under that subsection in relation to child and family services agencies, including the power

(a) to enter the premises of a child and family services agency;

(b) to make inspections;

(c) to examine and require the production of the agency's records; and

(d) to require persons to furnish information.

The director ceases to have those powers in relation to child and family services agencies but retains them other than in relation to child and family services agencies.

Investigating matters

49 Under clause 5(3)(a) of *The Adoption Act*, an authority has the power of the director to make enquiries and carry out investigations with respect to matters under that Act in relation to child and family services agencies. The director ceases to have those powers in relation to child and family services agencies but retains the power other than in relation to child and family services agencies.

Complaint procedures

50 Under clause 5(3)(b) of *The Adoption Act*, an authority has the power of the director to establish complaint procedures. The director also retains that power.

Reviewing reports about adoption

51 Under clause 5(3)(c) of *The Adoption Act*, an authority has the power of the director to solicit and review reports concerning the adoption of children. The director also retains this power.

Pouvoirs d'inspection

48 Les régies ont, à l'égard des offices de services à l'enfant et à la famille, les pouvoirs d'inspection prévus au paragraphe 5(2) de la *Loi sur l'adoption*, notamment le pouvoir :

a) de pénétrer dans les locaux d'un office de services à l'enfant et à la famille;

b) de procéder à des inspections;

c) d'exiger la production des documents de l'office et de les examiner;

d) d'ordonner à toute personne de lui donner des renseignements.

Le directeur cesse d'être investi de ces pouvoirs mais uniquement à l'égard des offices de services à l'enfant et à la famille.

Pouvoirs d'enquête

49 Les régies ont les pouvoirs d'enquête prévus à l'alinéa 5(3)a) de la *Loi sur l'adoption* à l'égard de toute question liée à cette loi et mettant en cause des offices de services à l'enfant et à la famille. Le directeur cesse d'être investi de ces pouvoirs mais uniquement à l'égard des offices de services à l'enfant et à la famille.

Procédure applicable à l'audition des plaintes

50 Les régies ont le pouvoir de déterminer la procédure applicable à l'audition des plaintes, lequel pouvoir est prévu à l'alinéa 5(3)b) de la *Loi sur l'adoption*. Le directeur conserve également ce pouvoir.

Rapports

51 Les régies ont le pouvoir de demander des rapports sur l'adoption des enfants et de les étudier, lequel pouvoir est prévu à l'alinéa 5(3)c) de la *Loi sur l'adoption*. Le directeur conserve également ce pouvoir.

Issuing directives to agencies

52 Under clause 5(3)(d) of *The Adoption Act*, an authority has the power of the director to issue a directive to a child and family services agency. The director ceases to have that power in relation to child and family services agencies except with respect to issuing directives about

(a) adoption services in relation to inter-country adoptions;

(b) the operation of the central adoption registry; and

(c) the operation of the post-adoption registry.

The director retains the power to issue directives to adoption agencies.

Reviewing suitability of applicant

53 Under section 40 of *The Adoption Act*, an authority has the power of the director to review the suitability or capability of an applicant. The director ceases to have that power.

Reviewing removal of child

54 Under subsection 47(2) of *The Adoption Act*, an authority has the power of the director to review an agency's action in removing a child from a prospective adoptive parent's home. The director ceases to have that power.

Approving placement

55(1) Under section 59 of *The Adoption Act*,

(a) a child and family services agency that approves the placement of a child with a prospective adoptive parent must advise the authority and the director; and

(b) an adoption agency that approves the placement of a child with a prospective adoptive parent must continue to advise the director.

Not approving placement

55(2) Under section 60 of *The Adoption Act*,

(a) a child and family services agency that does not approve the placement of a child with a prospective adoptive parent must advise the authority instead of the director; and

Directives aux offices et aux agences

52 Les régies ont le pouvoir de donner des directives, prévu à l'alinéa 5(3)d) de la *Loi sur l'adoption*, à l'égard des offices des services à l'enfant et à la famille. Le directeur cesse d'être investi de ce pouvoir à l'égard de ces offices sauf s'il s'agit de leur donner des directives relativement aux services d'adoption offerts dans le cadre d'adoptions internationales, à la tenue du registre central d'adoption et à la tenue du registre postadoption. Il le conserve toutefois à l'égard des agences d'adoption.

Examen de l'aptitude du requérant

53 Les régies ont le pouvoir d'examiner l'aptitude d'un requérant en ce qui a trait à l'adoption d'un enfant, lequel pouvoir est prévu à l'article 40 de la *Loi sur l'adoption*. Le directeur cesse d'être investi de ce pouvoir.

Révision du retrait

54 Les régies ont le pouvoir de réviser le retrait d'un enfant, lequel pouvoir est prévu au paragraphe 47(2) de la *Loi sur l'adoption*. Le directeur cesse d'être investi de ce pouvoir.

Approbation du placement

55(1) En conformité avec l'article 59 de la *Loi sur l'adoption* :

a) les offices de services à l'enfant et à la famille qui approuvent un placement sont tenus d'en informer la régie et le directeur;

b) les agences d'adoption continuent d'être tenues d'informer le directeur des placements qu'elles approuvent.

Rejet des demandes de placement

55(2) En conformité avec l'article 60 de la *Loi sur l'adoption* :

a) les offices de services à l'enfant et à la famille qui rejettent un projet de placement sont tenus d'en informer la régie au lieu du directeur;

(b) an adoption agency that does not approve the placement of a child with a prospective adoptive parent must continue to advise the director.

Reviewing decision not to place
56 Under section 61 of *The Adoption Act*, an authority has the power of the director to review the child and family services agency's decision not to approve the placement of a child with a prospective adoptive parent. The director ceases to have those powers in relation to child and family services agencies but retains the power in relation to a decision by an adoption agency.

Duties re confidentiality of adoption records
57(1) With respect to section 103 of *The Adoption Act*, an authority has the same duties that the director has to

(a) keep records relating to the granting of an order of adoption that are in its custody or control confidential; and

(b) restrict access to and disclosure of information from these records.

Powers re obtaining access to adoption records
57(2) Subject to subsection (3), with respect to section 104 of *The Adoption Act*, an authority has, in relation to agencies it has mandated, the same powers that the director has with respect to disclosing identifying information and non-identifying information in a record relating to the granting of an order of adoption.

Exception
57(3) An authority does not have the power of the director to approve

(a) the disclosure, under clause 104(1)(e) or (f) of *The Adoption Act*, of identifying information in a record relating to the granting of an order of adoption; or

(b) the disclosure, under clause 104(2)(b) of *The Adoption Act*, of non-identifying information in a record relating to the granting or an order of adoption.

Director's powers and duties re records
57(4) The director retains the powers and duties of the director under sections 103 and 104 of *The Adoption Act* with respect to adoption records.

b) les agences d'adoption continuent d'être tenues d'informer le directeur des projets de placement qu'elles rejettent.

Révision des rejets
56 Les régies ont le pouvoir de réviser les rejets de projets de placement prononcés par des offices de services à l'enfant et à la famille, lequel pouvoir est prévu à l'article 61 de la *Loi sur l'adoption*. Le directeur cesse d'être investi de ce pouvoir à l'égard de ces offices mais le conserve à l'égard des rejets de projets de placement prononcés par les agences d'adoption.

Caractère confidentiel des documents d'adoption
57(1) Les régies ont les obligations que l'article 103 de la *Loi sur l'adoption* impose au directeur en matière :

a) de protection de la confidentialité des documents d'adoption dont elles ont la garde ou la responsabilité;

b) de restriction de l'accès à ces documents et de communication des renseignements qu'ils contiennent.

Pouvoirs en matière d'accès aux documents d'adoption
57(2) Sous réserve du paragraphe (3), les régies ont, à l'égard des offices de services à l'enfant et à la famille qu'elles ont autorisés, les pouvoirs que l'article 104 de la *Loi sur l'adoption* confère au directeur en matière de communication des renseignements, signalétiques et non signalétiques, que comporte un document d'adoption.

Exception
57(3) Les régies ne sont pas investies du pouvoir d'autoriser :

a) la communication, en vertu des alinéas 104(1)e) ou f) de la *Loi sur l'adoption*, des renseignements signalétiques que comporte un document d'adoption;

b) la communication, en vertu de l'alinéa 104(2)b) de la *Loi sur l'adoption*, des renseignements non signalétiques que comporte un document d'adoption.

Attributions du directeur
57(4) Le directeur conserve les attributions que lui confèrent les articles 103 et 104 de la *Loi sur l'adoption*.

C.C.S.M. c. C90

The Child and Family Services Authorities Act

(Assented to August 9, 2002)

WHEREAS the safety, security and well-being of children and families is of paramount concern to the people of Manitoba;

WHEREAS parents, families, extended families and communities have a right and a responsibility to care for their children and a right to receive preventive and supportive services directed to preserving the family unit;

WHEREAS the development and delivery of programs and services to First Nations, Metis and other Aboriginal people must respect their values, beliefs, customs and traditional communities and recognize the traditional role of women in making decisions affecting family and community;

WHEREAS it is important to recognize peoples' needs and preferences in all aspects of the management and delivery of child and family services, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors;

WHEREAS the Government of Manitoba has an ongoing responsibility to ensure and oversee the provision of statutory programs and services to children and families;

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

C.C.S.M. c. C90

The Child and Family Services Authorities Act

(Assented to August 9, 2002)

Duties of an authority

19 Subject to the regulations, an authority must, in respect of the persons for whom it is responsible to provide services under section 17,

(a) promote the safety, security and well-being of children and families, and protect children in need of protection;

(b) develop objectives and priorities for providing child and family services consistent with provincial objectives and priorities;

(c) ensure that culturally appropriate standards for services, practices and procedures are developed;

(d) ensure that the standards developed under clause (c) are consistent with provincial standards, objectives and priorities;

(e) ensure that the agencies it has mandated under Part I of *The Child and Family Services Act* provide services and follow the practices and procedures in accordance with the standards referred to in clause (c);

(f) establish hiring criteria for persons to be hired to provide child and family services, and ensure that those criteria are implemented by agencies it has mandated;

(g) ensure that child and family services prescribed by regulation are provided or made available, and ensure that there is reasonable access to services generally;

(h) ensure that child and family services are provided

(i) in a manner that is responsive to the needs of the children and families receiving the services, and

(ii) where practicable, in the language in which those children and families ordinarily communicate with each other;

(i) determine how funding is to be allocated among the agencies it has mandated in order to meet

(i) the objectives and priorities developed by the authority, and

(ii) provincial objectives and priorities;

(j) cooperate with other authorities, the director and others to ensure that the delivery of child and family services in the province is properly coordinated;

(k) advise the agencies it has mandated;

(l) ensure the development of appropriate placement resources for children;

(m) advise the minister about child and family services matters;

(n) supervise or direct the supervision of children in care, and receive and disburse money payable for their care;

(o) make recommendations to the director about the licensing of child care facilities other than foster homes, that are not owned and operated by an agency;

(p) hear and decide appeals respecting the licensing of foster homes;

(q) comply with any written directions given by the minister, and with any requirements specified in the regulations.

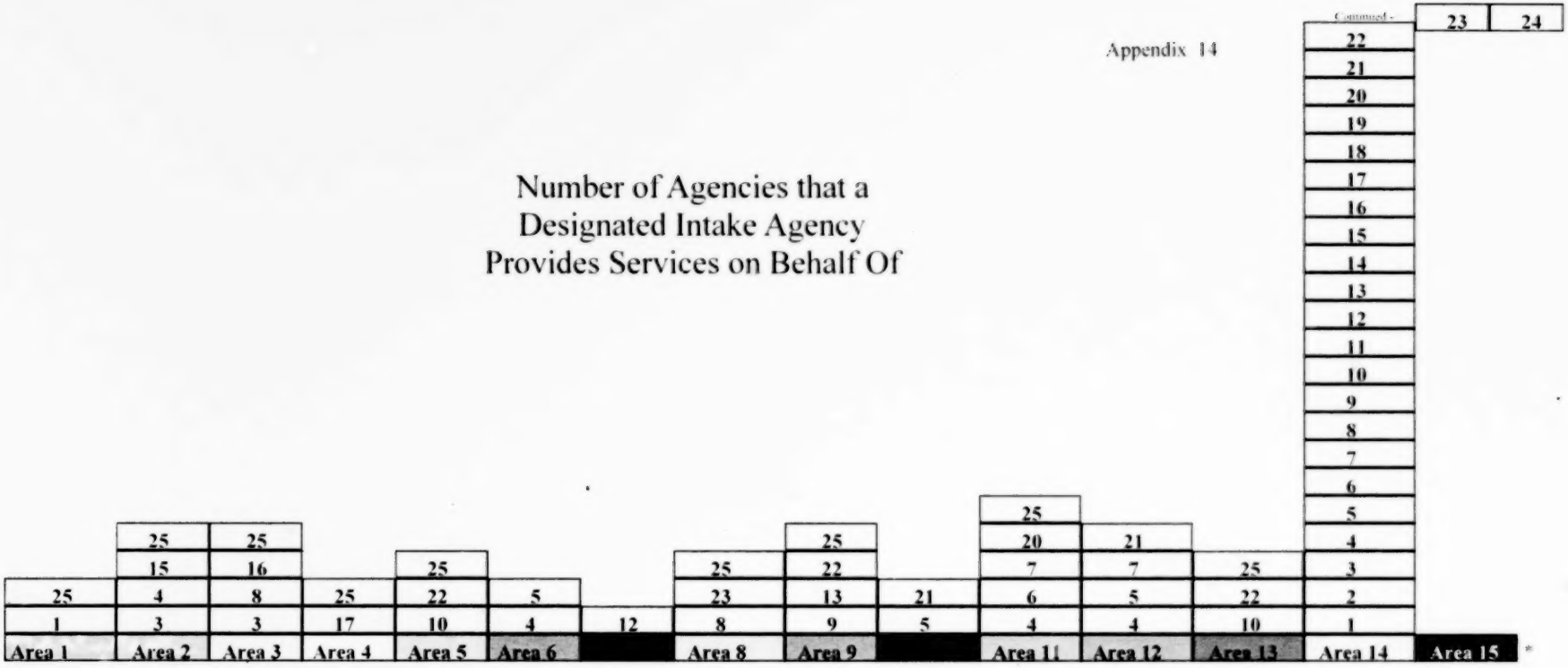
Revised Draft Outline for Standards Manual

Volume 1: Agency Standards	**1.0.0**
Chapter 1: Case Management	*Comments/Decisions*
1.1.0: Introduction	Approved Dec 2004. On-line Jan 1 2005
1.1.1: Intake	Approved Dec 2004. On-line Jan 1 2005
1.1.2: Assessment	Approved Dec 2004. On-line Jan 1 2005
1.1.3: Planning	Approved Dec 2004. On-line Jan 1 2005
1.1.4: Service Provision	Approved Dec 2004. On-line Jan 1 2005
1.1.5: Evaluation	Approved Dec 2004. On-line Jan 1 2005
1.1.6: Service Completion	Approved Dec 2004. On-line Jan 1 2005
Chapter 2: Services to Families	*Comments/Decisions*
1.2.0: Introduction	On-line Jan 1 2005. Revised April 2006
1.2.1: Community Involvement	On-line April 2006
1.2.2: Voluntary Family Services	On-line April 2006
1.2.3: Child Day Care Services	PSM 230 and 703
1.2.4: Family Support Services	PSM 240
1.2.5: Voluntary Placement of Children	PSM 250. Final draft completed May 2006
1.2.6: Service Agreements	PSM 260 and 261
1.2.7: Voluntary Surrender of Guardianship	PSM 270. Final draft completed May 2006
Chapter 3: Child Protection	*Comments/Decisions*
1.3.0: Introduction	Approved Dec 2004. On-line Jan 1 2005, Guidelines for identifying and reporting. Change title to "Child Protection" – see 1.3.1
1.3.1: Child Protection Services	PSM 300, 310, 313, 320 and 330. Include policy/standards on private arrangements.
1.3.2: Legal Proceedings	Legal issues and opinions including multiple agency apprehensions.
1.3.3: Child Abuse Investigations	Guidelines for identifying and reporting, PSM 336, and CFS Licensing and Standards Manual. Include child abuse by care providers generally.
1.3.4: Apprehension for Medical Treatment	PSM 341. Connect to 1.3.5
1.3.5 Injurious Circumstances	PSM 342. Include sexual exploitation and drug stabilization. Interference to be in 1.4.3.
1.3.6: Firearms and Other Weapons	PSM 343
1.3.7: Youth Involved with the Law	PSM 703. Outdated – based on YOA. Need to develop with corrections.
1.3.8: Family Violence Prevention	Protocols between CFS Agencies and Women's Shelters – August 1993
1.3.9: Family Conciliation Services	Protocols between CFS Agencies and Family Conciliation – January 1998
Chapter 4: Children in Care	*Comments/Decisions*
1.4.0: Introduction	Approved Dec 2004. On-line Jan 1 2005
1.4.1: Child Placement Services	PSM 400, 421, 422 and 424. Discharge planning and private arrangements.
1.4.2: Places of Safety	PSM 411. Draft completed May 2006. Further changes proposed.
1.4.3: Care and Supervision	PSM 342, 450, 455 and 433. CFSA s. 8(2). Health and safety. Incidents and absences. Interference.

Revised Draft Outline for Standards Manual

Volume 1: Agency Standards	1.0.0
1.4.4: Child Maintenance	PSM 460. Chart of Accounts. Special Needs Funding Guidelines.
1.4.5 Permanency Planning	PSM 400, 500 and 510. CME recommendations re emotional abuse (FSM0600399).
1.4.6: Independent Living Arrangements	Inquest reports and recommendations.
Chapter5: Foster Care	
1.5.0: Introduction	On-line Jan 1 2005. Revised draft completed Mar 2006
1.5.1: Resource Management	PSM 460, 465 and 467. Draft completed April 2006
1.5.2: Licensing and Licensing Appeals	FH Licensing Reg. Draft completed April 2006
1.5.3: Child Placements	PSM 450, 451, 464. Draft completed May 2006. Include policy on tracking placements.
1.5.4 Care Responsibilities	PSM 450, 451, 455 and 543.3, CFSA s. 8.2
1.5.5: Support and Respite	PSM 460, 461 and 466.
1.5.6: Removing Foster Children	PSM 336, 467, 468, 469.
Chapter 6: Adoption Services	
1.6.0: Introduction	Approved Dec 2004. On-line Jan 1 2005
1.6.1: Adoption Services	PSM 500, 502, 503 and 510
1.6.2: Services to Children	PSM 530, 531, 532 and 533
1.6.3: Services to Adoptive Applicants	PSM 540, 541, 542, 543 and 544
1.6.4: Non-Ward Adoption Services	PSM 550, 551, 552, 553 and 554
1.6.5: Intercountry Adoption Services	PSM 560
1.6.6: Post-Adoption Services	PSM 560, 571, 573, 574, 575 and 576
Chapter 7: Service Administration	*Comments/Decisions*
1.7.0: Introduction	Revised version on-line Oct 10, 2005
1.7.1: Service Records	Approved Oct 2005. On-line Oct 10 2005
1.7.2: Data Entry and Service Statistics	New. Recommended
1.7.3: Complaint Review Process	Approved Oct 2005. On-line Oct 10 2005
1.7.4: Death or Injury of a Child	Approved Oct 2005. On-line Oct 10 2005
1.7.5 Delegation of Authority	New. Recommended.
Chapter 8: Agency Operations	*Comments/Decisions*
1.8.0: Introduction	Approved Dec 2004. On-line Jan. 1, 2005
1.8.1: Agency Governance and Management	New. Recommended
1.8.2: Human Resource Practices	Draft under review.
1.8.3: Screening Tools and Practices	New. Recommended
1.8.4: Agency Financial Management	New. Recommended
1.8.5: Child Care by Agency Staff	New. Recommended

Number of Agencies that a Designated Intake Agency Provides Services on Behalf Of



Designate Intake Agency by Geographical Area

Area 1— Anishinaabe CFS	Area 14—JIRU
Area 2—CFS Central	Area 15—On-Reserve
Area 3—CFS Western	
Area 4—Churchill CFS	
Area 5—Cree Nation CFS	
Area 6—Intertribal CFS	
Area 7—Kinasao Sipi Minisawin CFS	
Area 8—Métis CFS	
Area 9—Nischawaysihk Cree Nation	
Area 10—Peguis CFS	
Area 11—Rural & North Eastman	
Area 12—Rural & North Interlake	
Area 13—Rural & North Northern	

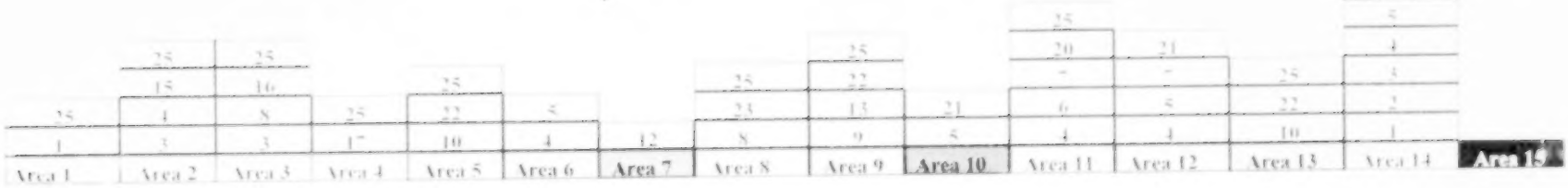
Agencies

1	Animikii Ozoson
2	Anishinaabe
3	Dakota Ojibaway CFS
4	Intertribal CFS
5	Peguis CFS
6	Sagkeeng
7	Southeast CFS
8	West Region CFS
9	Awasis
10	Cree Nation
11	Island Lake
12	Kinasao Sipi Minisawin
13	Nischawaysihk Cree Nation
14	Opaskwayak
15	CFS Central
16	CFS Western
17	Churchill CFS
18	Jewish CFS
19	Joint Intake Response Unit
20	Rural & North Eastman
21	Rural & North Interlake
22	Rural & North Northern
23	Rural & North Parkland
24	Winnipeg CFS
25	Métis CFS

**Represents on reserve DIA that interfaces with own community*

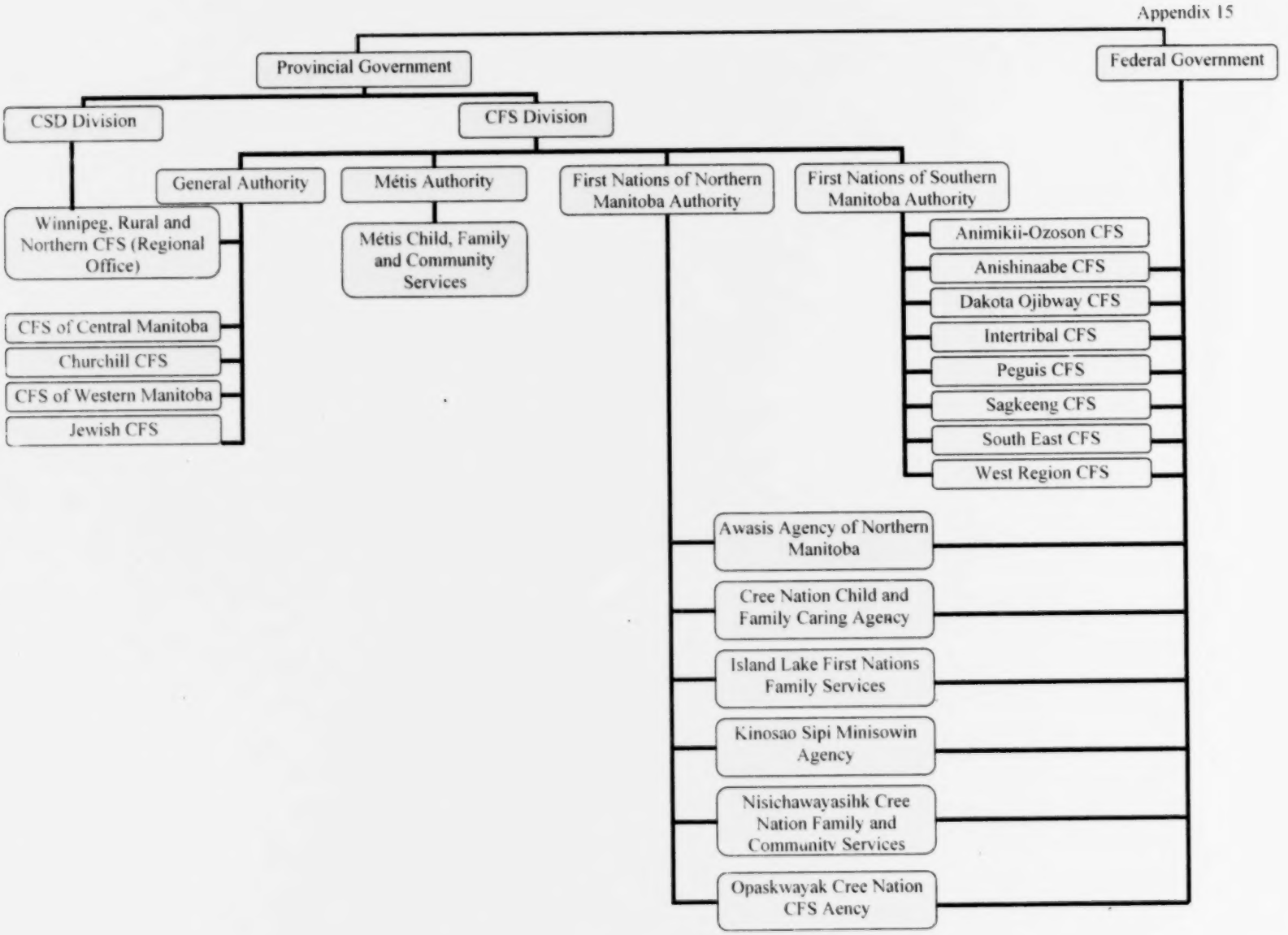
Potentially interfaces with agency within province

Number of Agencies that a Designated Intake Agency Provides Services on Behalf Of



Designate Intake Agency by Geographical Area

Agencies


Provincial Government
Federal Government
CSD Division
CFS Division
General Authority
Métis Authority
First Nations of Northern Manitoba Authority
First Nations of Southern Manitoba Authority
Winnipeg, Rural and Northern CFS (Regional Office)
CFS of Central Manitoba
Churchill CFS
CFS of Western Manitoba
Jewish CFS
Métis Child, Family and Community Services
Animikii-Ozoson CFS
Anishinaabe CFS
Dakota Ojibway CFS
Intertribal CFS
Peguis CFS
Sagkeeng CFS
South East CFS
West Region CFS
Awasis Agency of Northern Manitoba
Cree Nation Child and Family Caring Agency
Island Lake First Nations Family Services
Kinosao Sipi Minisowin Agency
Nisichawayasihk Cree Nation Family and Community Services
Opaskwayak Cree Nation CFS Aency